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MICHIGAN MEDICINE

JULY 1994
VOL. 93, NO. 7

Award-Winning Journal of the Michigan State Medical Society

SPECIAL REPORT

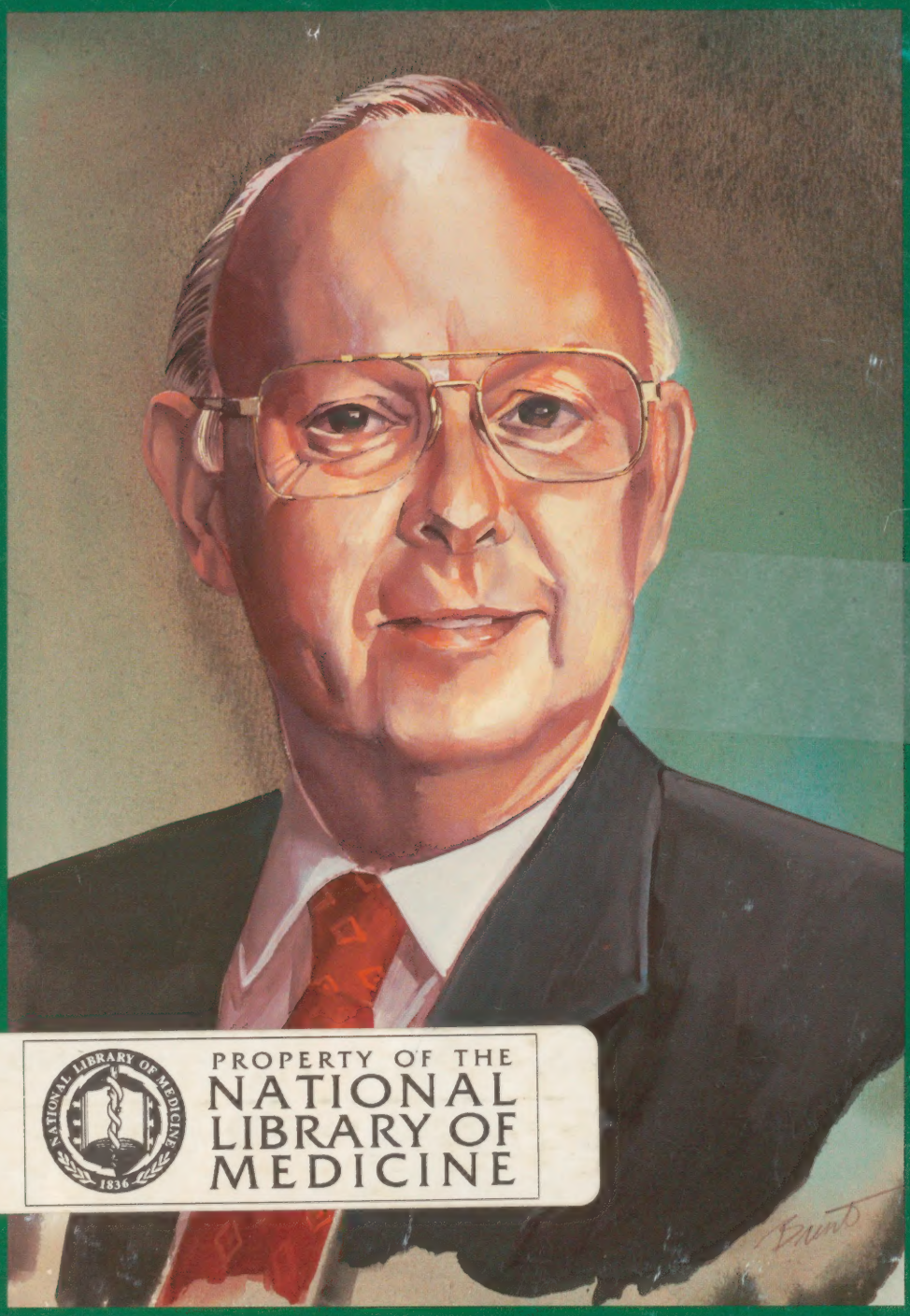
MSMS House of Delegates Proceedings

Included are:

- House Actions on Resolutions
- Member Awards
- Presidential Address
- Elections
- Photo highlights

See inside for a Special Preview of the '94 Elections

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JULY 1994 VOLUME 93, NO.7

Award-Winning Journal of the Michigan State Medical Society

Special Report

All the proceedings of the 1994 MSMS House of Delegates Meeting, plus a variety of photos, are featured in this special issue of *Michigan Medicine*. As the official digest of the meeting, we hope you find this issue interesting and informative. **Page 12**



Contents

12 Introduction
14 Inaugural Address
18 Index to Resolutions
19 Resolutions
36 House Debate on Physician-Assisted Suicide
39 Reports to the House
49 Exaugural Address
52 Awards
54 Elections
55 Special Memberships
58 Board Action Items
61 Delegate's Record of Attendance
64 Reference Committee Personnel

Special Features

9 1994 Elections Preview
67 AMA House of Delegates Photo Highlights

Departments

7 MSMS On the Move
69 Meetings
72 Category I Courses
74 Classifieds
79 Advertising Index
80 President's Page

In next month's issue:
The impact of business coalitions on health care delivery.

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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Preparing physicians for change

PO/PHO summer series starts this month

MSMS has five seminars lined up this summer to continue its successful series on physician organizations and physician-hospital organizations. The schedule includes:

- July 27 from 2 to 5 p.m. at the Troy Guest Headquarters.
- Aug. 4 from 6 to 9 p.m. at the Western Michigan University Regional Center in Grand Rapids.
- Aug. 10 from 6 to 9 p.m. at the Ann Arbor Campus Inn.
- Aug. 24 from 2 to 5 p.m. at Petoskey's Burns Clinic.
- Aug. 31 from 2 to 5 p.m. at the Flint Holiday Inn.

All sessions will provide an overview of POs and PHOs, information on how and why to organize, and keys to successful PO/PHO development. The conference charge is $75. Call Shannon Stockwell at MSMS at (517) 336-5776 to register.

MSMS/MPMLC fall institute to build leadership skills

Cultivating management skills and knowledge about health system reform issues has become increasingly important in today's health-care market. A three-day leadership institute this fall will help doctors learn both. The Sept. 29-Oct. 1 session in Ann Arbor is being put together by MSMS, the Michigan Physicians Mutual Liability Company and the University of Michigan School of Public Health. Called the "Physician Executive Leadership Institute," the sessions will cover the evolving health-care system and health-care organizations, applications of health finance and economics, and health and managed care issues. For registration information, call (517) 336-5769.

Help MSMS interview Michigan Congressional candidates

MSMS is conducting interviews with candidates for Michigan's Congressional delegation to learn more about where they stand on issues important to organized medicine. Several already are scheduled this month:

- July 1/Candidates for 13th District: Ann Arbor Republican John Schall and Ypsilanti Democrat Cynthia Wilbanks.
- July 5/Candidate for 11th District: Incumbent Congressman Joe Knollenberg (R-Bloomfield Hills).
- July 6/Candidate for 9th District: Incumbent Congressman Dale Kildee (D-Flint).
- July 6/Candidate for 12th District: Incumbent Congressman Sander Levin (D-Southfield).
- July 7/Candidate for 4th District: Incumbent Congressman Dave Camp (R-Midland).
- July 11/Candidate for 16th District: Incumbent Congressman John Dingell (D-Trenton).
- July 11/Candidate for 8th District: Okemos Democrat Bob Mitchell.

Doctors and MSMS Alliance members in these districts are urged to attend. Call MSMS Assistant Executive Director Kevin A. Kelly at (517) 336-5742 or Executive Office Intern Vincent Frillici at (517) 336-5746 for more information.

Tell lawmakers to pass Patient Protection Act

An AMA proposal to ensure patient choice and physician voice in health system reform has been introduced in Congress. MSMS is urging doctors to tell Washington lawmakers to pass the Patient Protection Act (House Resolution 4527). It was introduced shortly after the AMA's May 23 announcement of the proposal, and already has a Michigan co-sponsor, Congressman James Barcia (D-5th District). The bill would safeguard patients and doctors under health plans in several ways. These include entitling patients to a list of health plan covered services and requiring health plans to allow doctors a voice in medical policy-making. Call MSMS Assistant Executive Director Kevin A. Kelly at (517) 336-5742 for details on this important legislation.

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517/337-1351

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This conference will feature physicians, hospital administrators and executive directors from the POs/PHOs that participated in the case study conducted by MSMS, AMA and two other state medical societies. These experienced leaders will explain the keys to organizing and operating a successful PO/PHO, discuss the role of the PO in the success of the PHO, and explain contracting and payment issues. Other issues to be presented include the role of medical management in a PHO, opportunities for PHOs to develop strategic alliances with other integrated delivery systems and the role of the PHO in community health system reform.

Register now by phone, fax or mail.

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A Look into the 1994 Elections

By Mitchell A. Rinek, MD

Michigan voters have choices for more open state House and Senate seats in 1994 than we have seen in recent history. Many reasons have been given by legislators as to why they are leaving office. Certainly the impact of Michigan's new law regarding term limitations may have had some part in the decision-making.

The following are the open seats in Michigan's legislature:

Senate

Phil Arthurhultz
Fred Dillingham
William Faust
Jack Faxon
David Holmes
John Kelly
Lana Pollack
John Pridnia
Debbie Stabenow
Paul Wartner
John Welborn

House of Representatives

Dick Allen
Justine Barns
Robert Bender
Mary Brown
Dianne Byrum
Lynn Jondahl
William Keith
William Martin
James O'Neill
Lynn Rivers
Sal Rocca
Tom Scott
Dale Shugars
Leon Stille
Joseph Young, Jr.

Many of these legislators are running for different offices in State or Federal government. Others are retiring from public service. But for whatever reasons they are not running for re-election, this promises to be a very exciting election year.

State House of Representatives

Some say the delicate balance maintained between the Democrats and Republicans in the House during the past two years has given the citizens of Michigan one of the most productive legislative terms in history. But both sides are working very hard already to upset that balance in their favor.

There are several districts around the state in which a declared winner will not be determined until election day. Some areas where incumbents are running for re-election in a tight race are:

Agnes Dobronski (D-Dearborn)
Deborah Whyman (R-Canton)
Vincent Porreca (D-Trenton)
Tracey Yokich (D-St. Clair Shores)
Dennis Olshove (D-Warren)
Sandra Hill (R-Montrose)
Mary Schroer (D-Ann Arbor)
Paul Baade (D-Muskegon)
Michael Goschka (R-Brant)

All of these legislators have a very tough election ahead. Both sides will be focusing on these swing seats which will determine the outcome of the election in the House. Please contact Donna Welch LaGosh at 517/336-5788 if you are interested in helping your chosen candidate to win in the 1994 elections.

Governor's Race

Two of the Democratic legislators leaving their House and Senate seats are vying to be Michigan's next Governor.The four-way Democratic primary includes Senator Stabenow and Representative Jondahl. Other candidates in the primary race are former Congressman Howard Wolpe and former MSU Trustee and Blanchard appointee Larry Owen. Most of the candidates have received endorsements from Michigan's typically Democratic organizations. Stabenow's endorsements have been mainly with the national and local women's groups.

Three debates are slated to take place after the primary in the fall between Governor Engler and the Democratic candidate.

US Senate

Two of Michigan's current Senators are campaigning to be one of Michigan's US Senators in 1994. Senators Lana Pollack and John Kelly are joining several other Democratic and Republican candidates in the bid for US Senate. On the Democratic side, in addition to Pollack and Kelly, US Congressman Bob Carr, Lansing businessman Joel Ferguson, Macomb County Prosecutor Carl Marlinga, and former Congressman Bill Brodhead are also in the race. The Republican candidates are former Republican National Committeewoman and radio talk show host Ronna Romney and former Michigan Republican Party Chair Spencer Abraham.

Both sides face difficult challenges in the primary, which will take a tremendous amount of resources to win regardless of political party. For more information on any of the federal races, please contact Kevin Kelly at 517/336-5743.

Doctor Rinek is chair of the Michigan Doctor's Political Action Committee.

How to Get Involved in a Campaign
(Without Spending a lot of Money)

By Mitchell A. Rinek, MD

There are many ways in which an individual, or a group, can be involved in a political campaign and help to make a difference in the outcome. It is easy to believe that just volunteering a few hours or making a few phone calls will not really assist a winning campaign. But the reality is that **volunteers can make or break a campaign!** No successful campaign is waged without the assistance of many unpaid supporters who are willing to devote their time and energy to the candidate.

Often times it is difficult to know what types of assistance you can provide and how much time you can afford to give the campaign. The following are some examples of how you can help the candidate of your choice. For other ideas, just call the campaign office and they will provide you with options of what type of assistance for which they are looking.

1) Organize a Phone Bank - Phone banks are often an ongoing project of any campaign. At the very least, there will be operating phone banks as part of the GOTV (Get Out The Vote) effort just before and on election day. You can volunteer on one of the campaign phone banks, or you could offer to help organize a phone bank with colleagues, neighbors, or friends. The campaign will be able to assist you with materials should you desire this type of project.

2) Use Your Office as an Endorsement - As a physician, you talk to hundreds of patients and their families. Your opinion is well respected in the community. You can help the campaign just by placing a campaign sign of your chosen candidate in your office. This can initiate discussion and give you an opportunity to talk about why you support this candidate.

3) Become a Door-to-Door Spokesperson - Because a candidate cannot talk to everyone in person about his/her candidacy, it is important to have spokespeople who can speak to individuals on behalf of the candidate. Usually, a group of individuals is organized to cover a particular neighborhood together and go door-to-door handing out campaign literature and asking people to support the candidate. This type of assistance will be much appreciated by the campaign.

4) Send a Letter of Support - A letter from you to your friends and colleagues about why they should support your candidate is an effective tool to getting out the message of the candidate.

5) Become an Election Day Volunteer - On election day, there are hundreds of campaign workers on the job for every type of campaign. You can become a part of the volunteer team on election day. Some types of activities which take place on election day are: phone banks, on-site polling, literature distribution, or providing transportation to individuals unable to get to their voting location. Each campaign will be able to offer guidance and assistance to keep volunteers busy.

Another option for those who would like to help on a broader scale is to talk with the Director of Field Operations at the Democratic or Republican State Party. They have a well-organized team of field staff who can always use volunteers for various projects.

Get involved!

Any of the above mentioned activities does not have to be a huge time commitment. Any time you can donate will be much appreciated by the campaign and the candidate. The important thing to remember is to GET INVOLVED! Elections have been won by one vote. Your efforts could mean the difference between victory and defeat.

If you need assistance, please contact Donna Welch LaGosh at 517/336-5788.

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P.O. Box 769
East Lansing, MI 48826

Please call Donna LaGosh at (517) 336-5788 with any questions. Thank you for your support of MDPAC.

Joining MDPAC is another way to contribute—this allows even greater support for candidates through candidate interviews, fundraisers, and other grassroots meetings. You can also contribute time—there are many ways to get involved. The MDPAC staff will be happy to assist you in getting started.

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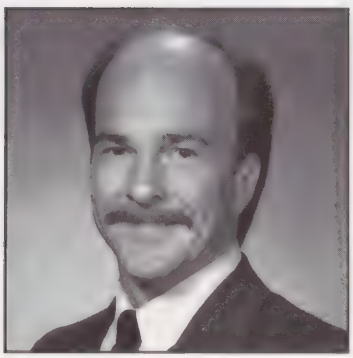
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The 129th Annual Session of the Michigan State Medical Society House of Delegates was held May 6-8, 1994, at the Amway Grand Plaza, Grand Rapids.

Photographs by Ted Grudzinski

MSMS House of Delegates Considers 95 Resolutions

From physician-assisted suicide to health system reform, physicians attending the 1994 MSMS House of Delegates meeting had plenty of tough issues to debate. Highlights of the meeting, including a variety of photographs, are featured in this special issue of *Michigan Medicine*. As the official digest of proceedings for the MSMS House of Delegates, we hope you find this issue interesting and informative. This issue is dedicated to physicians at all levels of organized medicine who have worked, and continue to work, to better the practice of medicine in this state. ☞



Newly-installed MSMS President Jack L. Barry, MD, delivers his inaugural address May 7 in Grand Rapids.

Inaugural Address

We Must Speak With One Voice

Our patients need us like never before

Jack L. Barry, MD

As the incoming president of the Michigan State Medical Society, I know we have a lot of work to do this year. Please notice I said "we." I have my share. And you have your share. This year the issues are dramatic and they are defined. Health care reform will bring about tremendous changes, so the stakes are high.

Never before have our patients needed us more. They need us not only for our knowledge and skills. They need us for our leadership. We must work hard to protect our patients in this time of uncertainty and we must stand together.

During my year as your president, I will be promoting the plan for health system reform developed by the AMA and I am counting on your support.

We believe Congress should enact the following:

- Universal coverage, with financial responsibility shared among employers, individuals and government;
- Freedom for every American to choose their own health plan, physician and other health care providers;
- More physician involvement in rebuilding and maintaining the system itself;
- Keeping medical decision-making in the hands of physicians and patients—right where it belongs;
- Antitrust relief so we can protect the doctor-patient relationship from the spreading corporate and government control of health care;
- Less bureaucracy, not more bureaucracy;
- And the kind of professional liability reforms that let medicine do its job, like the ones we worked so hard for here in Michigan.

Three main goals

My three main goals in this process are the following:

Physician Voice: We need a voice in how we change the system; a voice in how we practice; and, most of all, a voice in the decisions that affect our patients.

Patient Choice: We want the freedom for all Americans to choose their own physician and health plan.

Universal Coverage: We support a standard set of benefits for all Americans, no matter if they're rich or poor, working or unemployed, healthy or sick.

Physician voice, patient choice, universal coverage. That's the message of organized medicine. I hope you will back me up on it. We are in a for a long debate. Solutions will not be quick or easy. We will need to make our voices heard again and again. Do not get frustrated. Do not quit. Your profession is depending on you. More important, your patients are depending on you.

Remember this line from the Hippocratic Oath? It goes like this: "I will follow that method of treatment, which, according to my ability and judgment, I consider for the benefit of my patients..." Let me repeat: "...for the benefit of my patients."



MSMS President Jack L. Barry, MD, dances the night away with his wife, Arline, at his Presidential Ball held Saturday evening.

Our patients have never needed us more. We must stand up and speak out for our patients. And today, as never before, physicians must speak with one voice. We must make our voice heard at the White House. We must make our voice heard on Capitol Hill. We must make our voice heard right here in our own neighborhoods. I guarantee you, people will notice. The politicians will notice. We will be heard.

American medical care is the light at the top of the hill. We are all part of the flame. We will never flicker. We will never dim.

When our patients are hurting, when they are sick, or when that baby says it's finally ready to be born, we are there. We are there with compassion, with care, with excellence. We are always there. Our beacon is always burning.

Our patients. Our friends. Our families. This is what health system reform is all about.

We must get the message out

So during my year as MSMS President, I will be asking everyone, my colleagues, my patients, my legislators, to think about the real issues in health system reform and act on them. This is not about special interests or vested interests. It is not about political position or partisan advantage. This debate is about something much more. It's about our moms and dads. Our kids. Our families. Their lives. Our lives. You know that. We know that. Now, together, we've got to get the message out.

But health system reform is not the only battle we have on our hands.

Right here in Michigan we are fighting to protect our patients. Several in the health care field want to expand their scope of practice beyond their training and education.

We continue to oppose legislation that would expand the scope of practice of chiropractors and optometrists. We continue to oppose legislation that would allow for direct reimbursement of nurse midwives and physical therapists. We don't oppose these efforts to protect our turf. We oppose these efforts to protect our patients.

There's a reason we went to medical school and endured internships and residencies. We went to gain the knowledge and skills required to treat the whole patient.

We agree it takes a health care "team" to treat many patients. We respect all team members. But in every team, someone must take charge. The captain is usually the person with the best overall skill and knowledge.

Continued on next page



Just installed as the 129th president of MSMS, Jack L. Barry, MD, (center), pays tribute to outgoing president Gilbert B. Bluhm, MD (left), and congratulates newly-elected MSMS President-Elect B. David Wilson, MD, (right).

Continued from previous page

In health care, it's the physician and it must stay that way to protect our patients.

These scope of practice issues, along with health system reform, reimbursement issues, and others, all work to divide physicians. We can't let that happen.

Lots of special interests would like to see us splintered all over the map. It's a very old military concept. Divide and conquer. If we're not careful, if we're not on guard, it can happen to us.

We must stay united

We must add an 11th Commandment. It's one word long. It's easy to remember. It is "Unity."

Unity must be in the front of our minds during the coming year and beyond. Unity must be our force when fighting for what is right for our patients and our profession. Unity must replace self-interest.

Organized medicine has stood united in our battle for appropriate health system reform and it's working. I know because I've seen it. I've traveled to Washington with colleagues from Michigan and around the country. We've had a huge impact on the health reform debate. We've been heard and we've been heeded because we've been united. We can't let up. We must stay united. Unity will protect our patients and unity will preserve our profession. We cannot stand united in silence. We must stand united and we must deliver our message. Deliver our message to our patients. Deliver our message to our communities. And deliver our message to our state and federal leaders.

Getting our message out requires effort. But it doesn't have to be drudgery. It can be as simple as talking informally with patients. Or talking to community leaders at various functions you're already involved in. Personally, I've found it very rewarding to become involved in local, grassroots politics. I was an early supporter in the campaigns of US Representative Jim Barcia and State Senator Jon Cisky from the Saginaw area.

Because of my involvement, I am extremely comfortable talking with these leaders about the issues of organized medicine.

Whether you like it or not, simply by virtue of your chosen profession, you are a leader in your community. You are respected. Your patients listen to you. Your community will listen to you. Your legislators will listen to you.

Make your voice heard

Make your voice heard. Start out with a quiet conversation with a special patient or close friend. Write a letter to the editor of your local newspaper. Write to your state and federal legislators, or better yet, call them and ask them how you can help them.

The power and impact you hold is massive. I've seen firsthand what can happen when it's unleashed.

Please, for your patients, for your profession, become involved.

The coming year will be a milestone in American medicine. Be a part of history. Make a difference. Don't think MSMS or the AMA is going to do it for you. You are MSMS. You are the AMA.

Make your voice heard. Help me get the job done.

Thank you. ■

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Index to Resolutions

1-94A Minors Purchasing Tobacco Products ... 19
2-94A Increase Reimbursement for Emergency Procedures ... 19
3-94A Part-Time Dues for Part-Time Physicians 19
4-94A MSMS as the Sole Contracting Body for Members ... 19
5-94A Addressing Potential Adverse Human and Environmental Health Impacts of Chlorinated Chemicals ... 20
6-94A Rejection of Concept of Physician-Assisted Suicide ... 21
7-94A Corporate Practice of Medicine ... 21
8-94A Inappropriate Request for a Physician Drug Enforcement Agency (DEA) Number ... 21
9-94A Centralized Secure Environment for Maximal Care for Rape Victims ... 21
10-94A Any Willing Provider ... 22
11-94A American Board of Medical Specialties (ABMS) Yellow Page Listings ... 22
12-94A Physician Bill of Rights for Contract Obligations ... 22
13-94A The Role of the Psychiatrist in Mental Health Services ... 22
14-94A Restoring the Role of the Psychiatrist ... 22
15-94A Contracts to Board Eligible Specialists ... 22
16-94A Adequate Notice for Contracts ... 22
17-94A Care Outside of Preferred Provider Organizations (PPOs) ... 22
18-94A Family Violence ... 22
19-94A Home Health Care Services Reporting System ...
20-94A Legislative Safeguards to Protect the Autonomy of Physicians ... 23
21-94A Physician Organization Networks ... 23
22-94A Gun Accidents Involving Michigan Children ... 23
23-94A Peer Review Education In Postgraduate Medical Training Programs In Michigan 23
24-94A Continuing Medical Education (CME) Credits in HIV/AIDS for Michigan Physicians and Allied Health Professionals ... 23
25-94A Evaluation of Status of Various MSMS Sections ... 23
26-94A Privileges For Allied Health Professionals On The Medical Staff ... 23
27-94A Amending Medical Staff Bylaws ... 24
28-94A Cost Advantage Of The Physician Office Setting Over Hospital Outpatient Setting 24
29-94A International Medical Graduates (IMGs) And Health System Reform ... 24
30-94A Improved Communication To International Medical Graduates (IMGs) And MSMS Members ... 24
31-94A Report on Michigan Credential Verification System (MCVS) Productivity ... 24
32-94A English Language Training ... 24
33-94A Appointment of an International Medical Graduate (IMG) Leader by Each County Medical Society ... 24
34-94A Proposed Change in Weekend of Annual House of Delegates Meeting ... 24
35-94A Written Informed Consent for HIV Testing ... 24
36-94A Physician Protection From Managed Care Liability Suits ... 24
37-94A Children's Exposure To Passive Smoke . 25
38-94A Practice Advisory Update ... 25
39-94A Exclusive Contracts With Managed Care Organizations ... 25
40-94A Maximizing Health Care Resources ... 25
41-94A Combined Medicine/Pediatrics As A Primary Care Option ... 25
42-94A Any Willing Provider ... 25
43-94A Provider Taxes ... 26
44-94A Release of Medical Records and Privacy of Medical Examiner Records ... 26
45-94A Continued Medical Education (CME) Via Mandate From Government ... 26
46-94A Annual AMA Survey Of Physicians' Incomes ... 26
47-94A Conflicts Of Interest ... 26
48-94A Bill Of Rights For Physician In-Patient Care ... 27
49-94A Davis Rules of Order ... 27
50-94A MSMS Support For Physician-Assisted Suicide ... 27
51-94A MSMS Rejection of Physician-Assisted Suicide ... 27
52-94A MSMS Audio Teleconferencing Capacity 27
53-94A Ban Smoking in All Areas of Employment ... 27
54-94A Ban Smoking in All Restaurants and Malls ... 27
55-94A Eliminate the Sale of Handguns and Assault Weapons in Michigan ... 27
56-94A Public Health Departments Stress Abstinence To Prevent Sexually Transmitted Diseases (STDs) ... 27
57-94A Change Laws Currently Prohibiting Local Municipalities Enforcing Local Tobacco Laws ...
58-94A Oppose Non-Physician Gatekeepers Preempting Medical and Treatment Plans of Emergency Room Physicians ... 28
59-94A Disclosure of Degrees and Licensure of Professionals Engaging in Counselling . 28
60-94A Child Neglect Offenders Be Placed In The Law Enforcement Information Network (LEIN) ... 28
61-94A Cable Companies Required To Place Warnings For Sexual Exploitation And Violent Programming ... 28
62-94A Self-Referral ... 28
63-94A Educational Commission For Foreign Medical Graduates (ECFMG) Credentials Verification ... 29
64-94A Health Maintenance Organization (HMO) Patient Rights To Self-Referral ... 29
65-94A Snowmobile Legislation ... 29
66-94A Privacy of Medical Examiner Records ... 30
67-94A Over Utilization of Radiologic Studies ... 30
68-94A Educational Programs For Medical Staff Officers And Leaders ... 30
69-94A Government and Health Care Inflation ... 30
70-94A Child Care Centers At Medical Schools And Training Hospitals ... 31
71-94A Educational Programs For Residency Program Directors ... 31
72-94A Proper Time Off for Maternity Leave for Women Physicians ... 31
73-94A Willing Providers for Health Maintenance Organizations (HMOs) ... 31
74-94A Pharmacy License Lien On Medical Licensure ... 31
75-94A Modify Bylaw Requirements For MSMS Delegates And Alternates ... 31
76-94A Expulsion Of Members Following Conviction Of A Felony ... 32
77-94A Board Of Medicine Administrative Hearings ... 32
78-94A Sexual Improprieties By Physicians ... 32
79-94A Firearm Education ... 32
80-94A MSMS Meetings in Wayne County ... 32
81-94A Domestic Violence ... 32
82-94A Contracts for Laboratory and Other Diagnostic Services ... 32
83-94A Suspension of Membership Dues to Nonpayment of Dues ... 33
84-94A Reimbursement For Committee Member Travel Expenses ... 33
85-94A Appointment of Ombudsman/Liaison Committee to Facilitate Medical Licensing Process ... 33
86-94A Collection Of Physician Manpower Data 33
87-94A Prohibit Smoking in All Public Places ... 33
88-94A Support the International Joint Commission's Seventh Biennial Report on Great Lakes Water Quality ... 33
89-94A Educational Commission for Foreign Medical Graduates (ECFMG) Credential Verification ... 34
90-94A Change Pharmacy Dispensing Regulations For Free Medical Clinics ... 34
91-94A The Root Causes of Violence ... 34
92-94A Social Justice and the Medical Society Role ... 34
93-94A Patient Choice Between Vaginal Birth After Cesarean Section (VBAC) And Repeat Cesarean Section Procedures ... 34
94-94A Access To Medical Care In Michigan ... 34
95-94A Direct Payment For Master-Medical ... 34
96-94A Unified Front for Medicine ... 34
97-94A Blue Cross Blue Shield of Michigan (BCBSM) Should Pay Physicians Adequately for 23 Hour Observation ... 35

House Action



MSMS Speaker Gary D. Maynard, MD, informs members of the House of the new three-minute rule created to help limit debate on the floor. The three-minute rule was used only when requested and voted upon by the delegates.

House Considers 95 Resolutions

Resolution 1-94A
Minors Purchasing Tobacco Products
Adopted as amended.
Resolved: That MSMS seek legislation that requires businesses selling tobacco to check the identification of purchasers to ensure that they are 18 years old; and be it further
Resolved: That MSMS seek legislation to ban the use of vending machines for the sale of tobacco products.

Resolution 2-94A
Increase Reimbursement for Emergency Procedures
Adopted as amended.
Resolved: That MSMS recognize the increased risk and complications of emergency procedures by advocating increased reimbursement for procedures done as emergencies; and be it further
Resolved: That the Michigan Delegation to the AMA ask the AMA to consider establishing policy which would recognize the risks and complications of emergency procedures and advocate increased reimbursement to physicians who provide emergency medical care.

Resolution 3-94A
Part-Time Dues for Part-Time Physicians
Referred to the Board for study.
Resolved: That MSMS create a new category of part-time membership. The category to be defined as follows:
Part-time members shall be those physicians who work more than four hours but less than 20 hours per week on the average over a year's time. They shall pay one-half annual active membership dues, and shall be eligible for all active membership benefits including the right to vote, hold office, and be eligible for committee positions.

Resolution 4-94A
MSMS as the Sole Contracting Body for Members
No action.

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Addressing the MSMS House of Delegates at its May 6 opening session, Daniel H. Johnson, Jr., MD, AMA House of Delegates speaker, said there's never been an opportunity for change like the current window for health system reform. "The time has come for us to engage."

Resolution 5-94A
Addressing Potential Adverse Human and Environmental Health Impacts of Chlorinated Chemicals

Referred to the Board for study.

Resolved: That MSMS support a scientifically based process to evaluate and prioritize the potential public health and environmental risks posed by exposure to various organic chemicals containing chlorine, with the goal of identifying the use(s) of those that still pose an unacceptable risk posed by organic chemicals containing chlorine; and be it further

Resolved: That MSMS support the development and use of comparative risk ranking approaches for setting priorities and for addressing the potential public health and environmental risks posed by organic chemicals containing chlorine; and be it further

Resolved: That MSMS support the concept that companies should work toward understanding the environmental behavior, bioaccumulation potential, and toxicology of their products with respect to risk; and be it further

Resolved: That MSMS recognize that any science-based risk assessment and ranking process should use a weight-of-evidence approach to systematically evaluate research findings on organic chemicals containing chlorine on a case-by-case basis. This process should start with those chemicals that either achieve the greatest risk reduction or pose the highest risk to workers, consumers, public health, and the environment; and be it further

Resolved: That MSMS support a risk management process that employs various risk reduction practices including the full range of pollution prevention options, such as source reduction, recycle-reuse, and treatment; and flexible public health and environmental concerns associated with organic chemicals containing chlorine. As part of this process, the risks associated with uses of alternative chemicals or manufacturing methods must also be evaluated using the same science-based risk assessment process; and be it further

Resolved: That MSMS support the concept that government and industry should select the most cost-effective way to reduce risks and should incorporate a flexible risk management approach in all





Two Michigan political experts talked with doctors about what's happening this election year and in health care policy at a special Physician Issues Forum held during the MSMS House of Delegates Meeting May 7. Speaking were Dennis Schornack, senior policy advisor to Governor Engler, (left), and Bill Ballenger, editor of Inside Michigan Politics, (right).

decisions; and be it further
Resolved: That MSMS encourage the communication with and participation of the public, including interested parties and stakeholders, in the risk assessment, risk ranking, and risk management selection processes.

Resolution 6-94A
Rejection of Concept of Physician-Assisted Suicide

Substitute resolution (in lieu of 6-94A, 50-94A and 51-94A).
No Action.

Resolution 7-94A
Corporate Practice of Medicine

Adopted as amended.
Resolved: That MSMS retract the 1993 House of Delegates resolution on the Corporate Practice of Medicine; and be it further
Resolved: That MSMS explore the impact of a practice setting on professional autonomy and patient advocacy.

Resolution 8-94A
Inappropriate Request for a Physician Drug Enforcement Agency (DEA) Number

Adopted.
Resolved: That MSMS communicate to the Drug Enforcement Agency (DEA) its concerns regarding the requirement of providing a physician DEA registration number at the time of prescription for non-controlled substances; and be it further
Resolved: That MSMS educate its members on the appropriate use of DEA registration numbers; and be it further
Resolved: That the Michigan Delegation to the AMA ask the AMA to communicate to the Drug Enforcement Agency (DEA) its concerns regarding the requirement of providing a physician DEA registration number at the time of prescription for non-controlled substances; and be it further
Resolved: That the Michigan Delegation to the AMA ask the AMA to educate its members on the appropriate use of DEA registration numbers.

Resolution 9-94A
Centralized Secure Environment for Maximal Care for Rape Victims

Adopted as amended.

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Resolved: That MSMS pursue legislation that would provide location(s) in each county where specialized care for rape victims could be ongoing and rendered in a secure, dedicated environment for the patient, so that more rape victims will seek necessary help, rather than be discouraged at this most vulnerable time.

Resolution 10-94A
Any Willing Provider

Substitute Resolution (in lieu of 10-94A, 39-94A, 42-94A and 73-94A).

Referred to the Board for study.

Resolved: That MSMS support the concept of "Any Willing Provider" in all contract provisions for its members; and be it further

Resolved: That MSMS seek legislation to prohibit exclusive contracts by managed care organizations, which would prevent physician participation in more than on Individual Practice Association (IPA), Preferred Provider Organization (PPO), or Health Maintenance Organization (HMO).

Resolution 11-94A
American Board of Medical Specialties (ABMS) Yellow Page Listings

Adopted as amended.

Resolved: That MSMS request that the American Board of Medical Specialties (ABMS) include a statement at the beginning of Yellow Page listings that a promotional fee has been paid by those who have chosen to be listed in that section, and that the list may not include board certified physicians; and be it further

Resolved: That MSMS request ABMS to list a toll-free number in its Yellow Page listings with a statement that interested persons may call to verify board certification status of a particular physician; and be it further

Resolved: That the Michigan Delegation to the AMA ask the AMA to address misleading ABMS Yellow Page listings on a national level.

Resolution 12-94A
Physician Bill of Rights for Contract Obligations

Substitute Resolution (in lieu of 12-94A, 15-94A, 16-94A, 17-94A and 29-94A).

Adopted as amended.

Resolved: That MSMS seek cooperation of managed health care companies and third party payers and pursue legislation to implement the following rights for physicians with respect to managed care contracts:

1. Explicit criteria for termination of physician contracts.
2. Appeals mechanism for all contractual and medical policy determinations.
3. Contractual offering to fully trained physicians regardless of board qualification.
4. Sufficient time of at least one month for contract review and signature.
5. Availability of contracts to all allopathic and osteopathic physicians willing to meeting disclosed standards of cost, quality and access.

Resolution 13-94A
The Role of the Psychiatrist in Mental Health Services

Substitute Resolution (in lieu of 13-94A and 14-94A).

Adopted as amended.

Resolved: That MSMS seek appropriate patient access to comprehensive psychiatric service in all benefit packages, including psychiatric evaluation, medical management and medical psychotherapy; and that psychiatrists be included equally as providers of care; and that employers, managed health care companies and third party payers be notified of this policy.

Resolution 14-94A
Restoring the Role of the Psychiatrist.

Substitute Resolution (in lieu of 13-94A and 14-94A). See Resolution 13-94A.

Resolution 15-94A
Contracts to Board Eligible Specialists

Substitute Resolution (in lieu of 12-94A, 15-94A, 16-94A, 17-94A and 29-94A). See Resolution 12-94A.

Resolution 16-94A
Adequate Notice for Contracts

Substitute Resolution (in lieu of 12-94A, 15-94A, 16-94A, 17-94A and 29-94A). See Resolution 12-94A.

Resolution 17-94A
Care Outside of Preferred Provider Organizations (PPOs)

Substitute Resolution (in lieu of 12-94A, 15-94A, 16-94A, 17-94A and 29-94A). See Resolution 12-94A.

Resolution 18-94A
Family Violence

Adopted as amended.

Resolved: That MSMS encourage each component society to organize or participate in violence prevention task forces (to include coalitions of interested professions, i.e., social workers, lawyers, judges, police officers, educators and clergy, etc.) in order to increase awareness of the incidence, causes and treatments for family violence in their own community; and be it further

Resolved: That MSMS encourage each component society to work with community resources to publish a county reference guide of services for victims and perpetrators of family violence.

Resolution 19-94A
Home Health Care Services Reporting System
Adopted as amended.
Resolved: That MSMS encourage the development of a more appropriate and timely home health care services reporting system for referring physicians; and be it further
Resolved: That MSMS express views about the need for appropriate compensation for a physician's supervisory role in the delivery of home health care services; and be it further
Resolved: That MSMS promote measures that assure the continuity of home health services; and be it further
Resolved: That the Michigan Delegation to the AMA request the AMA to seek legislation to allow compensation for the physician's supervisory role in home health services.

Resolution 20-94A
Legislative Safeguards to Protect the Autonomy of Physicians
Disapproved.

Resolution 21-94A
Physician Organization Networks
Adopted.
Resolved: That MSMS continue its efforts to assist in the formation of physician organizations (POs) and PO networks to facilitate the provision of high-quality, efficient care and the communication of information.

Resolution 22-94A
Gun Accidents Involving Michigan Children
No Action.

Resolution 23-94A
Peer Review Education In Postgraduate Medical Training Programs In Michigan
Adopted as amended.
Resolved: That MSMS encourage the development of basic course guidelines for postgraduate medical training in the areas of utilization, quality, risk management, and managed care; and be it further
Resolved: That MSMS disseminate peer review education guidelines for postgraduate medical training to all Hospital Medical Staff Section (HMSS) representatives in their hospitals, house staff unions/associations, and university-affiliated institutions.

Resolution 24-94A
Continuing Medical Education (CME) Credits in HIV/AIDS for Michigan Physicians and Allied Health Professionals
Adopted as amended.
Resolved: That MSMS continue to advocate and encourage all physicians to earn continuing medical education (CME) credits in HIV infection prevention, diagnosis, care and/or treatment; and be it further
Resolved: That MSMS oppose any legislation that would require CME for physicians on any specific aspect of HIV.

Resolution 25-94A
Evaluation of Status of Various MSMS Sections
Adopted.
Resolved: That MSMS appoint an AdHoc Committee to review the process for developing the growth/preservation and influence of MSMS Section leaders.

Resolution 26-94A
Privileges For Allied Health Professionals On The Medical Staff
Adopted.
Resolved: That MSMS advise Michigan physicians regarding the importance of their responsibility to review appropriately credentials and privileges of allied health care professionals; and be it further
Resolved: That MSMS advise hospital medical staffs that their bylaws should be periodically reviewed to include appropriate language identifying the credentialing of allied health care professionals.



The MSMS Section for International Medical Graduates hosted its first IMG Caucus just prior to the opening of the MSMS House of Delegates Meeting, May 6, in Grand Rapids.

Continued on next page

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Resolution 27-94A
Amending Medical Staff Bylaws
Adopted as amended.
Resolved: That MSMS assist medical staffs by providing legal help and support when determined appropriate by the MSMS Board of Directors, when a hospital Board of Directors unilaterally changes the medical staff bylaws; and be it further
Resolved: That MSMS immediately evaluate the matter of rejection by hospital Board of Trustees of duly elected medical staff officers and provide necessary assistance, including legal support when determined appropriate by the MSMS Board of Directors, to medical staffs experiencing the rejection by the hospital Board of Trustees of medical staff officers; and be it further
Resolved: That the Michigan Delegation to the AMA ask the AMA at the 1994 Annual Meeting to provide the necessary moral and legal support in the matter of rejection by the hospital Board of Trustees of duly elected medical staff officers; and be it further
Resolved: That the Michigan Delegation to the AMA ask the AMA at the 1994 Annual Meeting to provide the necessary assistance, including legal support, when a hospital Board of Directors unilaterally changes medical staff bylaws.

Resolution 28-94A
Cost Advantage Of The Physician Office Setting Over Hospital Outpatient Setting
Adopted.
Resolved: That MSMS explore means whereby it may educate the legislature, employers, third party payers, physicians, hospitals, and the public about the cost advantages of receiving care in the physician's office compared with the hospital outpatient service.

Resolution 29-94A
International Medical Graduates (IMGs) And Health System Reform
Substitute Resolution (in lieu of 12-94A, 15-94A, 16-94A, 17-94A and 29-94A). See Resolution 12-94A.

Resolution 30-94A
Improved Communication To International Medical Graduates (IMGs) And MSMS Members
Adopted as amended.
Resolved: That MSMS provide written communications on the actions of the IMG Section to be inserted in the regular membership solicitations to non-member IMGs.

Resolution 31-94A
Report on Michigan Credential Verification System (MCVS) Productivity
Adopted.
Resolved: That MSMS provide a report to the IMG Section and to the MSMS membership in *Michigan Medicine* on the status of the Michigan Credential Verification System (MCVS) productivity and accomplishments.

Resolution 32-94A
English Language Training
Adopted as amended.
Resolved: That MSMS develop and define the requirements of a spoken English language training course suitable for physicians whose first language is not English; and be it further
Resolved: That MSMS endorse those individuals or organizations providing training that complies with MSMS English language training course definitions and requirements.

Resolution 33-94A
Appointment of an International Medical Graduate (IMG) Leader by Each County Medical Society
Adopted as amended.
Resolved: Now that IMG representatives to the IMG Section are selected on the county level rather than through hospital medical staffs, that MSMS work with county medical societies to see that an IMG leader be appointed by each county medical society to act as a liaison, communicator and facilitator of focus groups between the IMG Section and the local county medical society IMG members.

Resolution 34-94A
Proposed Change in Weekend of Annual House of Delegates Meeting
Adopted as amended.
Resolved: That MSMS set its future House of Delegates Meetings during the weekend in which the first Sunday of the month of May occurs.

Resolution 35-94A
Written Informed Consent for HIV Testing
No action.

Resolution 36-94A
Physician Protection From Managed Care Liability Suits
Adopted.
Resolved: That MSMS seek legislation to require that a hold harmless clause be inserted into each managed care contract, such that the insurance beneficiary would accept the hold harmless clause as part of the insurance contract and hold the individual physician harmless for acts committed or omitted by the insurance carrier, such as the denial of needed medical services; and be it further
Resolved: That MSMS ask managed health care companies to

inform beneficiaries of managed care contracts regarding the hold harmless clause.

Resolution 37-94A
Children's Exposure To Passive Smoke
Adopted.
Resolved: That MSMS direct correspondence to the corporate headquarters of Michigan fast food franchisers to require that one of the standards of operation of their franchises be a no smoking policy for such restaurants to assist in the prevention of illness in the children frequenting their establishments.

Resolution 38-94A
Practice Advisory Update
No action.

Resolution 39-94A
Exclusive Contracts With Managed Care Organizations
Substitute Resolution (in lieu of 10-94A, 39-94A, 42-94A and 73-94A). See Resolution 10-94A.

Resolution 40-94A
Maximizing Health Care Resources
Referred to the Board for study.
Resolved: That MSMS study the issue of inappropriate utilization of emergency rooms and make appropriate recommendations for resolving this problem.

Resolution 41-94A
Combined Medicine/Pediatrics As A Primary Care Option
Adopted.
Resolved: That MSMS specifically mention Medicine/Pediatrics as a primary care training program in all pertinent communiques on medical education; and be it further
Resolved: That the Michigan Delegation to the AMA ask the AMA to specifically mention Medicine/Pediatrics as a primary care training program in all pertinent communiques on medical education; and be it further
Resolved: That MSMS ensure that Medicine/Pediatrics be formally included as a primary care training option in all legislation dealing with primary care training; and be it further
Resolved: That the Michigan Delegation to the AMA ask the AMA to ensure that Medicine/Pediatrics be formally included as a primary care training option in all legislation dealing with primary care training.

Resolution 42-94A
Any Willing Provider
Substitute Resolution (in lieu of

Continued on next page

THIS OFFER IS NOT FOR EVERY JANE, DICK, AND HARRY. JUST THE ONES WHO BELONG TO THE MSMS.

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Continued from previous page

10-94A, 39-94A, 42-94A and 73-94A). See Resolution 10-94A.

Resolution 43-94A
Provider Taxes
Adopted as amended.
Resolved: That MSMS go on record as being firmly opposed to a provider tax in any form.

Resolution 44-94A
Release of Medical Records and Privacy of Medical Examiner Records
Substitute Resolution (in lieu of 44-94A and 66-94A).
Adopted as amended.
Resolved: That MSMS call upon the Michigan legislature to pass legislation broadening the exemption of the Medical Examiner autopsy reports from the Michigan Freedom of Information Act so as to more evenly balance the privacy of a deceased individual and his/her family against the public's right to examine autopsy documents; and be it further
Resolved: That MSMS take whatever additional action it deems necessary to ensure confidentiality of the medical examiners' medical records.

Resolution 45-94A
Continued Medical Education (CME) Via Mandate From Government
Adopted as amended.
Resolved: That MSMS oppose all legislation mandating the specific components of continuing medical education (CME) requirements.

Resolution 46-94A
Annual AMA Survey Of Physicians' Incomes
Adopted.
Resolved: That the Michigan Delegation to the AMA ask the AMA to stop conducting its annual survey of physicians' incomes.

Resolution 47-94A
Conflicts Of Interest
Referred to the Board for study.
Resolved: That MSMS request members nominated to serve MSMS as an officer, director, or committee member, to submit to the Speaker of the House a Conflict of Interest Statement attesting to conformity with certain standards and noting any potential exceptions; and be it further
Resolved: That MSMS annually submit Conflict of Interest Statements through the Speaker of the House of Delegates, to a House of Delegates reference committee of his or her choosing for review.

Resolution 48-94A

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Bill Of Rights For Physician In-Patient Care
Adopted.
Resolved: That MSMS study and formulate with a sense of urgency a Bill of Rights for all physicians to protect them from the capricious actions of the business atmosphere in which the practice of medicine is heading; and be it further
Resolved: That MSMS apply its best resources and efforts to transform this Bill of Rights for physicians into Michigan law.

Resolution 49-94A
Davis Rules of Order
Adopted as amended.
Resolved: That the MSMS House of Delegates consider adoption of Davis Rules of Order as its official rules of order.

Resolution 50-94A
MSMS Support For Physician-Assisted Suicide
Substitute Resolution (in lieu of 6-94A, 50-94A and 51-94A). See Resolution 6-94A.

Resolution 51-94A
MSMS Rejection of Physician-Assisted Suicide. Substitute Resolution (in lieu of 6-94A, 50-94A and 51-94A). See Resolution 6-94A.

Resolution 52-94A
MSMS Audio Teleconferencing Capacity
No Action.

Resolution 53-94A
Ban Smoking in All Areas of Employment. Adopted as Amended.
Resolved: That MSMS work with legislators to support legislation to ban smoking in all enclosed areas of employment and all areas where second hand smoke compromises the air quality.

Resolution 54-94A
Ban Smoking in All Restaurants and Malls
Adopted.
Resolved: That MSMS work with legislators to support legislation to ban all smoking in all restaurants and malls.

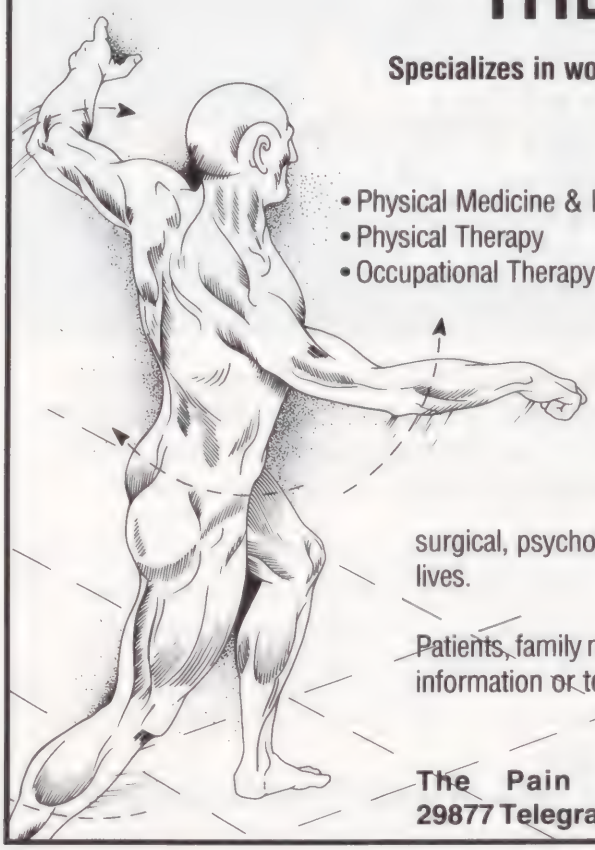
Resolution 55-94A
Eliminate the Sale of Handguns and Assault Weapons in Michigan
No Action.

Resolution 56-94A
Public Health Departments Stress Abstinence To Prevent Sexually Transmitted Diseases (STDs)
Adopted.

Continued on next page

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Continued from previous page

Resolved: That MSMS consider abstinence as the cornerstone for prevention of STD; and be it further
Resolved: That MSMS encourage public health departments at local and state levels to stress abstinence as an important part of the STD prevention program.

Resolution 57-94A
Change Laws Currently Prohibiting Local Municipalities Enforcing Local Tobacco Laws
Adopted as amended.
Resolved: That MSMS work with state legislators to repeal laws that currently prohibit local municipalities or communities from enforcing local tobacco laws (e.g. cigarette vending machine sales).

Resolution 58-94A
Oppose Non-Physician Gatekeepers Preempting Medical and Treatment Plans of Emergency Room Physicians
Adopted as amended.
Resolved: That MSMS oppose the protocol of managed care systems allowing non-physician gatekeepers to preempt the medical decisions and treatment plan of emergency medical situations.

Resolution 59-94A
Disclosure of Degrees and Licensure of Professionals Engaging in Counselling
Adopted.
Resolved: That MSMS seek legislation that would mandate full disclosure of specific educational degrees and licensure of professionals engaging in counselling for individual, family and marital counselling.

Resolution 60-94A
Child Neglect Offenders Be Placed In The Law Enforcement Information Network (LEIN)
Adopted as amended.
Resolved: That MSMS support legislation that would require child neglect offenders automatically be included in the Law Enforcement Information Network.

Resolution 61-94A
Cable Companies Required To Place Warnings For Sexual Exploitation And Violent Programming
Disapproved.

Resolution 62-94A
Self-Referral
Adopted.
Resolved: That MSMS support the AMA Council on Ethical and

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Judicial Affairs Report of 1991 concerning self-referral; and be it further

Resolved: That the Michigan Delegation to the AMA ask the AMA to publicize its position on self-referral, as stated in the Council on Ethical and Judicial Affairs Report adopted by the AMA in 1991.

Resolution 63-94A
Educational Commission For Foreign Medical Graduates (ECFMG) Credentials Verification

Substitute Resolution (in lieu of 63-94A and 89-94A).

Adopted as amended.

Resolved: That MSMS, through its Committee on Licensure and Discipline, explore the willingness of the Educational Commission for Foreign Medical Graduates (ECFMG) to share with the state licensing board and hospitals pertinent information on the verification of credentials of international medical graduates; and be it further

Resolved: That, if ECFMG information can be shared, that MSMS urge the state licensing board and hospitals to accept ECFMG verification as the primary source for granting permanent state licensing and hospital privileges.

Resolution 64-94A
Health Maintenance Organization (HMO) Patient Rights To Self-Referral

Adopted as amended.

Resolved: That MSMS seek a change in the Michigan Department of Public Health (MDPH) Code to allow individual health maintenance organizations (HMOs) to make their own determinations regarding access within a panel of contracted physicians and patients self-referral to specialists.

Resolution 65-94A
Snowmobile Legislation

Adopted.

Resolved: That MSMS call upon the Michigan legislature to enact uniform snowmobile speed laws for unposted trail areas; and be it further

Resolved: That MSMS call upon the Michigan legislature to direct the Department of Natural Resources and/or local law enforcement to establish and enforce local speed limits for snowmobiles; and be it further

Resolved: That MSMS call upon the Michigan legislature to direct that funding for such enforcement and the posting of such speed limits be specifically allocated from snowmobile licensing

Continued on next page

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Continued from previous page

fees; and be it further
Resolved: That MSMS call upon the Michigan legislature to direct that snowmobile moving violations be treated the same as automobile violations with regard to points accumulated on a person's automobile driving record for use in suspending one's drivers license and for the determination of one's insurance premium.

Resolution 66-94A
Privacy of Medical Examiner Records

Substitute Resolution (in lieu of 44-94A and 66-94A). See Resolution 44-94A.

Resolution 67-94A
Over Utilization of Radiologic Studies

Adopted as amended.
Resolved: That MSMS strongly recommend that BCBSM reimburse radiologic procedures fairly and equitably and that over utilization be addressed not by decreasing fees, but by recommending appropriate utilization of radiologic procedures and appropriate credentialing of physicians performing these procedures.

Resolution 68-94A
Educational Programs For Medical Staff Officers And Leaders

Adopted.
Resolved: That MSMS present at least yearly educational programs for medical staff officers and leaders to clarify physicians' positions that will lead to accommodation and harmony among the various parties on issues concerning credentialing, board staff relationships, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) regulations, bylaws, and governance in general.

Resolution 69-94A
Government and Health Care Inflation

Referred to the Board for study.
Resolved: That MSMS pursue the following: 1) that entitlements for Medicare be means tested; 2) that tax relief for traditional insurance be limited by requiring copays for first dollar coverage; 3) that health care savings plans be encouraged at some monetary level of contribution for tax relief from the state and federal level; 4) that cost shifting from the fortunate to those who are unfortunate be limited by

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means testing and/or by voucher systems; and 5) that we have less government meddling rather than more; and be it further

Resolved: That the Michigan Delegation to the AMA ask the AMA to pursue the following: 1) that entitlements for Medicare be means tested; 2) that tax relief for traditional insurance be limited by requiring copays for first dollar coverage; 3) that health care savings plans be encouraged at some monetary level of contribution for tax relief from the state and federal level; 4) that cost shifting from the fortunate to those who are unfortunate be limited by means testing and/or by voucher systems; and 5) that we have less government meddling rather than more.

Resolution 70-94A

Child Care Centers At Medical Schools And Training Hospitals Adopted as amended.

Resolved: That MSMS advocate the provision of on-site child care (day and night) by medical schools as well as training hospital facilities; and be it further

Resolved: That the Michigan Delegation to the AMA ask the AMA to advocate the provision of on-site child care (day and night) by medical schools as well as training hospital facilities.

Resolution 71-94A
Educational Programs For Residency Program Directors
No action.

Resolution 72-94A
Proper Time Off for Maternity Leave for Women Physicians
No action.

Resolution 73-94A
Willing Providers for Health Maintenance Organizations (HMOs)
Substitute Resolution (in lieu of 10-94A, 39-94A, 42-94A and 73-94A). See Resolution 10-94A.

Resolution 74-94A
Pharmacy License Lien On Medical Licensure
No action.

Resolution 75-94A
Modify Bylaw Requirements For MSMS Delegates And Alternates
Adopted.

Resolved: That MSMS amend its bylaws so that all members of MSMS are eligible for election as

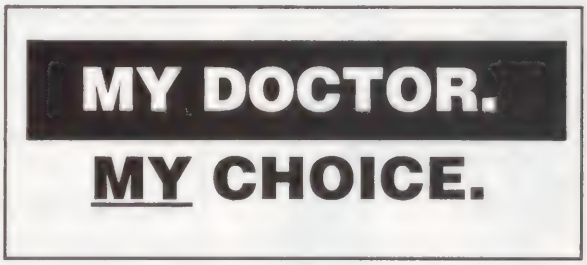
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Continued from previous page

a delegate or alternate delegate with no waiting period necessary.

Resolution 76-94A
Expulsion Of Members Following Conviction Of A Felony
Referred to the Board for study.
Resolved: That MSMS review its policy of expelling members who have been convicted of a felony and have lost their license.

Resolution 77-94A
Board Of Medicine Administrative Hearings
Adopted.
Resolved: That MSMS seek legislation to create a disciplinary process involving physicians in which hearings are conducted by an independent judge rather than by an administrative law judge.

Resolution 78-94A
Sexual Improprieties By Physicians
Disapproved.

Resolution 79-94A
Firearm Education
Adopted as amended.
Resolved: That MSMS seek appropriate legislation, requiring a basic course in care and handling of firearms at the time of purchase, to ensure proper knowledge of use in handling of firearms.

Resolution 80-94A
MSMS Meetings in Wayne County
Adopted.
Resolved: That MSMS study the feasibility of holding some MSMS committee meetings at the Wayne County Medical Society in Detroit to increase participation by Wayne County physicians.

Resolution 81-94A
Domestic Violence
Adopted as amended.
Resolved: That MSMS support the concept of the Healthy Family America Program or similar programs around the state and assist in obtaining funding for and coordinating these programs with its component medical societies for at risk populations.

Resolution 82-94A
Contracts for Laboratory and Other Diagnostic Services
Referred to the Board for study.
Resolved: That MSMS work to convince third party insurers that limiting access for diagnostic services, especially pathology services, is almost certainly detrimental to patient care in the short run, and undoubtedly di-



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minishes the quality of diagnostic services in the long run; and be it further

Resolved: That MSMS strongly oppose the further erosion of quality patient care in such ill-considered policy "benefits" that restrict access to high quality laboratory and other diagnostic services.

Resolution 83-94A
Suspension of Membership Dues to Nonpayment of Dues

Adopted as amended.

Resolved: That MSMS amend Section 6.50 of the MSMS Constitution and Bylaws to change the date for suspension of membership because of non-payment of dues to be consistent with that of the AMA.

Resolution 84-94A
Reimbursement For Committee Member Travel Expenses. Referred to the Board for Study.

Resolved: That MSMS pay reasonable travel expenses for committee members for meetings attended more than 30 miles from home or office.

Resolution 85-94A
Appointment of Ombudsman/Liaison Committee to Facilitate Medical Licensing Process

No action.

Resolution 86-94A
Collection Of Physician Manpower Data

Adopted as amended.

Resolved: That MSMS urge the Michigan Department of Public Health to study the present physician manpower distribution in the State of Michigan, especially in reference to the distribution of international medical graduates, and the effect the Council on Graduate Medical Education (COGME) recommendation to reduce the number of residents would have on physician supply and access in the State of Michigan.

Resolution 87-94A
Prohibit Smoking in All Public Places

Adopted as amended.

Resolved: That MSMS support state and federal legislation to prohibit smoking in all pubic places. This would include indoor and outdoor areas where environmental tobacco smoke would affect air quality.

Resolution 88-94A
Support the International

Continued on next page

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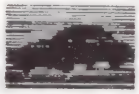
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Joint Commission's Seventh Biennial Report on Great Lakes Water Quality
Referred to the Board for sudy.
Resolved: That MSMS endorse the *Seventh Biennial Report on Great Lakes Water Quality* and urge its members to become aware of the recommendations made in these reports; and be it further
Resolved: That MSMS create a "digest" of the *Sixth and Seventh Biennial Reports on Great Lakes Water Quality* for dissemination to the membership.

Resolution 89-94A
Educational Commission for Foreign Medical Graduates (ECFMG) Credential Verification
Substitute Resolution (in lieu of 63-94A and 89-94A). See Resolution 63-94A.

Resolution 90-94A
Change Pharmacy Dispensing Regulations For Free Medical Clinics
Referred to the Board for study.
Resolved: That MSMS urgently support and seek passage of SB 870, specifically Section 17745b with the following changes as underlined as added to the original language of the Bill:
Proposed Changes to Enrolled Senate Bill NO. 870
Sec. 17745b. (1) Subject to subsection (3), In an industrial clinic or other prescriber practice location without an onsite pharmacy, a dispensing prescriber may delegate the dispensing of prescription drugs only to the following individuals:

(a) A registered professional nurse
(b) A physician's assistant
(c) *A pharmacist licensed under part 177*

(3)A dispensing prescriber who delegates the dispensing of a prescription drug to a patient in an industrial clinic or other prescriber practice location without an onsite pharmacy shall not delegate the dispensing of more than a 72 hour supply for the prescription drug, *unless the delegate is a pharmacist working in a Free Medical Clinic setting. A pharmacist working in a Free Medical Clinic setting may provide up to a two month supply of free medication samples to a patient under the direct supervision of a physician.*

Resolution 91-94A
The Root Causes of Violence
Adopted as amended.
Resolved: That the Michigan Delegation to the AMA request that the AMA convene a task force to bring together those parties interested in gun control to explore their differing beliefs about the root causes of violence with the aim of drawing up model legislation to deal with gun related violence as a major medical, social, legal, educational and economic problem.

Resolution 92-94A
Social Justice and the Medical Society Role
No action.

Resolution 93-94A
Patient Choice Between Vaginal Birth After Cesarean Section (VBAC) And Repeat Cesarean Section Procedures
Adopted.
Resolved: That MSMS adopt a policy that the choice between VBAC (Vaginal Birth After Cesarean Section) and Repeat Cesarean Section be a decision between the patient, her partner, and her doctor; and be it further
Resolved: That MSMS request insurance companies not withhold reimbursement for a repeat cesarean section if this alternative is the patient's informed decision; and be it further
Resolved: That the Michigan Delegation to the AMA adopt a policy that the choice between VBAC (Vaginal Birth After Cesarean Section) and Repeat Cesarean Section be a decision between the patient, her partner, and her doctor; and be it further
Resolved: That the Michigan Delegation to the AMA request that insurance companies not withhold reimbursement for a repeat cesarean section if this alternative is the patient's informed decision.

Resolution 94-94A
Access To Medical Care In Michigan
Referred to the Board for study.
Resolved: That MSMS support the Michigan Academy of Family Physicians and other interested primary care specialty societies to achieve a physician specialty mix of at least 50 percent of primary care physicians (family physicians, general internists, general pediatricians and obstetrician/gynecologists); and be it further
Resolved: That MSMS encourage medical school deans to institute incentives to attract students to medical schools and training programs in order to achieve this goal.

Resolution 95-94A
Direct Payment For Master-Medical
Not accepted as a late resolution.

Resolution 96-94A
Unified Front for Medicine
Adopted as amended.
Resolved: That MSMS renew its efforts to foster dialogue, communication and cooperation

among the various specialty groups that will encourage a spirit of unity among Michigan physicians; and be it further

Resolved: That such efforts be started immediately; and be it further

Resolved: That MSMS ask the Michigan Delegation to the AMA to ask the AMA to renew its efforts to foster dialogue, communication and cooperation among the various specialty groups that will encourage a spirit of unity among all physicians so that we speak with one voice.

Resolution 97-94A
Blue Cross Blue Shield of Michigan (BCBSM) Should Pay Physicians Adequately for 23 Hour Observation

Not accepted as a late resolution. ■

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Physician-Assisted Suicide

Delegates reaffirm "physicians of good conscience" stance

The MSMS House of Delegates upheld a year-old MSMS policy on physician-assisted suicide by voting to take no action on resolutions calling for changes to that position. That vote came by an overwhelming majority of the House's nearly 200 delegates. This action was recommended to the House by Reference Committee C on Internal Affairs and Public Service, which heard lengthy testimony from doctors on both sides of the issue.

MSMS Board Chair W. Peter McCabe, MD, called on the House to "provide some direction for someone who has to articulate our position to the real world." Doctor McCabe and other MSMS leaders often are called upon by the media to interpret MSMS policy on physician-assisted suicide. Committee testimony by MSMS leaders and other doctors raised the issue of the difficulty in trying to boil down a complex nine-point policy into short sound-bites for the media, and which often has resulted in erroneous reporting of the society's position on this issue.

MSMS Committee on Bioethics Chair Howard A. Brody, MD, told the reference committee that when this nine-point position, adopted by the 1993 MSMS House of Delegates, was developed, the Committee on Bioethics itself was deeply divided on physician-assisted suicide. "We took into account the deep divisions in our organization on this issue and asked where to stand given this deep division," Doctor Brody explained. "This issue is not divisive because doctors are uninformed, but because it is a deep values struggle." He noted the MSMS policy reflects the values and choices of physicians of good conscience.

Committee testimony and debate by the full House following the committee's recommendation to maintain current policy underscored the broad spectrum of physician values on this difficult issue. To help the public better understand the "physicians of good conscience" stance which MSMS has taken on assisted suicide, MSMS plans to continue working closely with the media. Through news releases, media briefings and continued access to physician leaders, MSMS hopes to build a better understanding of where doctors stand. ■

A brochure to educate patients, the public and the media about the Michigan State Medical Society statement on physician assisted suicide is being developed and will be ready soon. It will include the nine points of consensus and background information about the statement's development. Watch Medigram for information about ordering copies for use in your office.



Doctors line up before Reference Committee C to testify on all sides of the complex issue of physician-assisted suicide.

MSMS Board Chair W. Peter McCabe, MD, at podium, expresses his concerns about the MSMS position on physician-assisted suicide to members of the MSMS Board, who met just prior to the opening of the House.





MSMS Committee on Bioethics Chair Howard A. Brody, MD, told the reference committee that the physician-assisted suicide issue "is not divisive because doctors are uninformed, but because it is a deep values struggle."

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Reports to the House

Following are excerpts of reports given by the chairs or presidents of these groups: the Michigan Delegation to the AMA; the MSMS Alliance; the MSMS Group Insurance Trust; Physician Service Group, Inc.; Abbott Press, Inc.; Physician Review Organization of Michigan; and the Health Education Foundation.

Michigan Delegation to the AMA

Billy Ben Baumann, MD, Chair

The 22-member Michigan Delegation to the AMA has had an outstanding year, capped by the re-election of Frank B. Walker, MD, to a full three-year term on the AMA Board of Trustees. Doctor Walker was returned to the Board on the first ballot at the 1993 AMA Annual Meeting June 21-25 in Chicago. Michigan thus maintained its continuous presence on the AMA Board since 1976. Doctor Walker subsequently was elected to the AMA Board's executive committee, where he leads the largest field of Michigan physicians in AMA leadership positions in history.

Michigan Delegation members and other physicians in key AMA positions include: Tama D. Abel, MD, chair-elect, Young Physicians Section; Susan H. Adelman, MD, member, Council on Medical Service, chair, Surgical Caucus; Busharat Ahmad, MD, Council on Long Range Planning and Development; Cathy O. Blight, MD, Task Force on the Federation Study; Gilbert B. Bluhm, MD, Managed Care Partnership; Michael D. Chafty, MD, Council on Legislation; John J. Coury, MD, past president; Ronald W. Davis, MD, Council on Scientific Affairs; Karl Edelmann, MD, alternate delegate, Young Physicians Section; John W. Hall, MD, Practice Parameters Study; Thomas C. Payne, MD, AMPAC Board of Directors; Rhoda M. Powsner, MD, Family Violence Caucus; Marguerite R. Shearer, MD, vice chair, AMA Women's Caucus, Managed Care Partnership; Louis R. Zako, MD, Forum for Medical Affairs.

In addition, another 45 Michigan physicians serve on AMA committees, task forces and section councils, represent specialty sections as delegates or serve on editorial boards.

Highlights of the past year were the 1993 AMA Annual Meeting June 21-25 in Chicago, and the 1993 AMA Interim Meeting December 5-8 in New Orleans. At the Annual Meeting, Billy Ben Baumann, MD, was reelected Delegation chair; Doctor Blight was elected Delegation vice chair, and Doctor Powsner was elected Delegation treasurer. Charles C. Vincent, MD, served on Reference Committee H, and Gerald H. Mandell, MD, chaired the Reference Committee on Constitution and Bylaws.



Virginia Mehregan, immediate past president, MSMS Alliance, presented to the MSMS House of Deligates a report on the many accomplishments and activities of the AMA Alliance during the past year. "It has been a year of advancement and change; a year of moving forward and preparing for the future of the health care system," she said.

At the Interim Meeting, Doctor Zako chaired the Reference Committee on Constitution and Bylaws, and the Delegation introduced seven resolutions. At the meeting, Doctor Vincent announced his candidacy for the AMA Council on Medical Education. The election will take place in June, 1994. The Delegation also has nominated Doctor Powsner to serve on the AMA Council on Legislation, with that position to be appointed by the AMA Board of Trustees.

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Michigan State Medical Society Alliance

Virginia Mehregan, Immediate Past President

It has been a year of continual change for the health care environment. This change was also evident in the members of the Michigan State Medical Society Alliance (MSMS-A). In May, following the lead of the American Medical Association Alliance, MSMS-A members voted to change the name from "Auxiliary" to "Alliance."

As a cost saving measure, the MSMS-A quarterly newsletter also underwent a significant style and name change this year as members voted to change the name *Auxilium* to *Alliance in Action*.

A major stepping stone for the Alliance this year was a Strategic Planning session with Tom Gorey of Policy Planning Associates in Illinois. A Strategic Planning Task Force was established to explore the key issues and trends facing the Alliance. Under the guidance of Gorey, the Task Force developed a new mission statement and fundamental goals for the Alliance, as well as supporting strategies to accomplish those goals.

For the second year in a row, both MSMS and MSMS-A presidents' themes followed similar lines. I continued to focus on the theme of violence in America, specifically preventing gun injuries in children. With the help of Health Promotions Chair, Velva Clark, MSMS-A sought after and received a $10,000 partnership grant to produce three five-minute videos. The grant was awarded in part by the Metro Health Foundation, Blue Cross Blue Shield of Michigan and Michigan Health Care Education and Research Foundation. The videos will be shown in hospital emergency waiting rooms, doctors' offices and health clinics. Members of the MSMS Alliance will work with public broadcasting television station WTVS Channel 56 in Detroit to produce the videos.

MSMS-A also is sponsoring a state-wide poster contest promoting gun safety for elementary and middle school children. Three state winners will travel to Lansing for a visit to the Capitol. Their schools will each receive $1,000. This project will continue next year with future plans calling for the development of an MSMS-A poster using the material submitted in the poster contest.

MSMS-A members continued their legislative activity during 1993 by submitting a resolution to the legislature declaring the third week in April as "Gun Awareness Week."

In addition, the MSMS-A Legislative Affairs Committee has worked to promote the passage of a package of bills targeting domestic violence. Many of the bills in this package have already been passed.

Our members raised over $27,000 this year for AMA-ERF, as well as thousands of dollars generated by counties for local and community projects. At our House of Delegates, we again presented checks to the medical school deans of the three Michigan medical schools.

It has been a year of advancement and change; a year of moving forward and preparing for the future of the health care system. Alliance members have become an invaluable ally in the legislative, domestic and political arenas. If there is not an active alliance/auxiliary in your county, encourage your spouse to organize one or join the already existing group. Only when we unite together and combine our efforts can we truly see who we are, where we are going and what we can do.

Abbott Press, Inc.

Billy Ben Baumann, MD, President

Abbott Press has continued to grow and develop during its second full year of operation. Revenues increased in 1993 approximately 30 percent over its first year of operation, to $1,039,100. Abbott, however, is still in a loss position, with expenses for 1993 of $1,171,036. These losses were used to substantially offset the taxable income from MSMS' other subsidiary operations.

In 1993, Abbott continued to expand its market to the physician community, other Lansing-based associations and with members of the medical community. Two county medical society journals are now printed by Abbott on a regular basis. Several other county medical societies are discussing Abbott to provide these services to them. Additionally, Abbott has continued to seek out printing from physicians and has developed several "packages" for physicians who are changing or establishing new offices. Increases in the work done for other associations has contributed a significant amount of Abbott's revenue. Approximately 40 percent of revenue from printing comes directly from MSMS and its associated organizations allowing Abbott to establish a firm financial foundation, while providing stability in the cost of printing to MSMS. This relationship has allowed both organizations to be more responsive and efficient in their distribution of information to physicians.

In 1994, Abbott plans to address the financial aspects of its operation. By analyzing each aspect of

Continued on page 43

American College of Surgeons

FOUNDED BY SURGEONS OF THE UNITED STATES AND CANADA, 1913

55 East Erie Street • Chicago, IL 60611-2797 • 312/664-4050 • FAX 312/440-7014

Dear Surgeon,

Keeping abreast of the latest developments in the field of surgery is a priority for today's practicing surgeon. Our nation's health care system is poised for great change. Therefore, increasing your understanding of the changes in the socioeconomic environment that affects our profession is just as significant as is keeping up with current clinical developments.

It is our belief that as you review the program for the 1994 Clinical Congress of the American College of Surgeons, you will find the content for this year's program especially pertinent to the needs and concerns of today's surgeon. The Clinical Congress covers virtually the full spectrum of current scientific and socioeconomic subjects that are of broad interest to all surgeons. As you review the program you will see that the Clinical Congress will address many of the most recent advances and innovations in surgical science, through presentations by foremost authorities in their respective fields. In addition, the Congress offers a five-day schedule of interdisciplinary and specialty postgraduate courses that may be taken for CME credit.

During the past few years, the American College of Surgeons has been working through its Program Committee to aggressively enhance its annual Clinical Congress Program to ensure that the content of the scientific and informational sessions reflect relevant and current surgical knowledge and issues. We especially call your attention to our coverage of the following points of intense current interest during the 1994 Clinical Congress:

* Video-assisted surgery
* Health care reform
* Cancer of the breast
* Emerging Biotechnology
* Ethics
* Molecular Biology
* Surgeons and Managed Care

Chicago will be the backdrop for this exciting program during the week of October 9-14. For a copy of the advance registration brochure for the Clinical Congress, please send in your request today. We hope to see you there!

Best personal regards,

Seymour I. Schwartz, MD, FACS
Chairman, Program Committee

Gerald O. Strauch, MD, FACS
Director, Assembly Department

To request an advance registration brochure for the American College of Surgeons 1994 Clinical Congress, just clip the coupon and mail or fax to:

Ms. Nancy Sutton
Registration Coordinator
American College of Surgeons
Convention and Meetings Division
55 East Erie Street
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Making Michigan A Universal Immunization State

MDPH to hold a series of regional conferences

On March 29, 1994, Governor John Engler announced his goal to make Michigan a Universal Immunization State. In order to accomplish this goal, he stated that Michigan will participate fully in the new federal program, *Vaccines for Children (VFC)*. This program allows states to obtain pediatric vaccines at no cost in order to distribute to Medicaid patients and the uninsured. In addition, the State of Michigan can purchase additional vaccine for the underinsured, at a discounted price. The Governor announced additional elements of his aggressive campaign to increase the number of immunized children in Michigan. His plan includes the following:

- Statewide Immunization Registry
- Required Insurance Coverage for Childhood Immunizations
- Support for the Elimination of the Philosophical Exemption to School Vaccination Requirements
- Full Participation in the Federal Vaccine for Children (VFC) Program

Five members of the Michigan State Medical Society have continued to represent physicians and their patients on the issue of child immunizations. The following individuals have played a strong role in the state's decision to make immunization a high priority:

- **Bradley Barns, MD**, president, United Pediatric Society, and private pediatrician.
- **George I. Blum, MD**, president, Michigan Chapter, American Academy of Pediatrics, and private pediatrician.
- **Karen Mitchell, MD**, Michigan Association of Family Physicians (MAFP) Representative to the Michigan Immunization Advisory Committee, and family physician.
- **Dean G. Sienko, MD**, chair, Michigan Immunization Advisory Committee, and medical director/medical examiner, Ingham County Health Department.
- **Howard Weinblatt, MD**, MSMS representative to the Michigan Immunization Advisory Committee, and private pediatrician.

The Michigan Department of Public Health is sponsoring a series of four regional conferences titled, "*Making Michigan a Universal Immunization State*." The conference is being co-sponsored by various health care organizations, including MSMS, the Michigan Association of Osteopathic Physicians and Surgeons, the Michigan Chapter of the American Academy of Pediatrics, the Michigan Council for Maternal and Child Health, the Michigan Academy of Family Practice, the Michigan Association for Local Public Health, the Michigan 4C Association, and the Michigan Hospital Association.

The purpose of the conference is to provide an update on recent changes in immunization, including vaccine acquisition, current vaccination recommendations, the Vaccines for Children program, and reporting requirements.

Program Content:
The conference will provide the information health care providers need to know to participate in the state's expanded vaccine distribution system.

The following issues will be addressed:

- The adequacy and accessibility of Michigan's vaccine supply
- Reporting requirements
- Administration fees
- Liability concerns
- Update on the recommended routine vaccination schedule for children

Speakers:

- Ruth Ann Dunn, MD, chief, Immunization Section, Michigan Department of Public Health (MDPH)
- David R. Johnson, MD, MPH, chief, Division of Disease Control, MDPH

Conference Locations and Dates:
Tuesday, September 13 - Grand Rapids
Thursday, September 15 - Detroit
Tuesday, October 4 - Gaylord
Thursday, October 6 - Marquette

Please don't miss this important conference!!

For more information, contact Nancy Fasano, Immunization Section Michigan Department of Public Health, at (517) 335-9423.

Continued from page 40

the printing operation and making the appropriate changes necessary, we hope to bring the corporation to full profitability. In doing this, Abbott will carefully analyze the source of its revenue, the cost of the printing operation and the services and structure of the organization to assure its viability. Once this analysis has been accomplished and the results implemented, it is expected Abbott will be financially viable, while still being able to provide competitive costs. Abbott plans on continually working with the physician market to identify products and services to assist physicians in their practices. Abbott's commitment to the physicians of the state and MSMS will provide the basis for its viability and future growth.

Physician Service Group, Inc.

Billy Ben Baumann, MD, President

Physician Service Group, Inc. (PSG) continues its mission of providing high quality products and services to MSMS members and non-dues revenue to MSMS. Over 11,500 physicians receive services through specialty societies administered by PSG. Approximately 13,000 physicians use various PSG endorsed products and services and 15,000 physicians, their families and employees use the services of the MSMS insurance programs administered by PSG.

PSG currently provides professional management services to 14 medical specialty organizations. The administration of these groups include planning of approximately 225 meetings per year, ranging from board/executive meetings, scientific sessions and general membership educational programs. MSMS has made a major commitment in working closely with the specialty societies to draw upon their collective expertise and leadership in the development of practice management seminars, Annual Scientific Meeting courses and other programs. Administrative services to specialty societies provide a vital link between these organizations and MSMS. In return, the specialty societies have significantly participated in the area of reimbursement policy and legislative activities. PSG anticipates the expansion of its administrative service activities to include several additional organizations during the upcoming year.

MSMS members do not have to deal directly with insurance companies as PSG provides the administrative support and marketing aspects for the MSMS sponsored insurance programs. During the last year, approximately 12,000 calls were received by the customer service representatives regarding the MSMS insurance programs. In 1993, several new options were added to the programs offered by the Group Insurance Trust. The AMA's Medical Student program provides a unique package of health, life and disability benefits for medical students. Long-term care protection, underwritten by AMEX Life Assurance Company, provides both nursing home and home health care benefits. The newest addition to the GIT menu of insurance programs is the Auto-Owners group homeowners and automobile protection program.

PSG's Endorsed Service Program continues to be utilized by a significant number of MSMS members. User satisfaction surveys are conducted on a regular basis to insure the value of the MSMS endorsement and the quality of the products and services endorsed. Several new programs were introduced to the MSMS membership during 1993. Physicians, through their MSMS membership, are now able to realize substantial savings through an arrangement with Airborne Express and Member's Long Distance Advantage telephone program. The endorsement of the Conomikes publications provides MSMS members with a special price on several practice management and reimbursement newsletters. In addition, MSMS receives substantial contributions from these organizations through advertising revenue, Annual Scientific Meeting participation and support for the Health Education Foundation. The relationship with each of the endorsed organizations continues to be excellent. Each organization has shown a willingness to cooperate with MSMS and its programs and assist with MSMS' overall mission to serve physicians.

The challenge of adapting and modifying current products and services, while developing new programs to fit the changing complexion of health care delivery is the organizations priority in 1994. As the MSMS member's needs change, PSG will continue to seek products and services to meet these needs.

Physician Review Organization of Michigan, Inc.

Robert C. Prophater, Sr., MD, President

The Physician's Review Organization of Michigan (PROM) Board of Directors continues to view the major role of PROM as maintaining the highest integrity as an organization for independent objective third party review services.

Ongoing emphasis has been to expand the awareness of PROM to hospitals, HMOs, insurance carri-

Continued on page 45

Is A New Home In Your Future?

Are you planning on purchasing or building a new home soon? As a member of the Michigan State Medical Society you may now be eligible for a substantial discount when insuring your new home.



The Michigan State Medical Society and its member physicians have been approved by Auto Owners Insurance Company for special group rate consideration. You can be confident Auto Owners Insurance Company has the financial strength to make sure claims are paid fairly and quickly. Auto Owners is one of the most stable, respected and financially sound insurance companies in the industry.

The MSMS program is administered through Stratton, Cheeseman & Walsh, Inc., MSMS's affiliated insurance agency. SC&W's experienced staff will provide you with a no obligation quotation.

MSMS members are also eligible for other insurance programs. They include Automobile Insurance, Term Life Insurance, Disability and Business Overhead Protection, and Accidental Death Coverage.

For more information call SC&W at 1-800-968-4929, today! Put the Benefits of MSMS Membership to Work for You!

MICHIGAN STATE MEDICAL SOCIETY

INSURANCE PROGRAMS

Continued from page 43

ers and other health groups, to inform them of the services available from PROM. This has included presentations to Physician Executive Organizations, MSMS Specialty Society Presidents, HMO Medical Directors, etc. The part-time medical director has strengthen the quality of the review process; his assistance was invaluable during the changes in staffing of PROM, during 1993.

PROM has completed more than 24,000 medical reviews, providing appellate services to Blue Cross and Blue Shield of Michigan, other insurers, HMOs, and hospitals. PROM staff meets with BCBSM utilization review staff to jointly improve the quality of the review product and channels of communication. PROM continues to have available for BCBSM a pilot program for alternative dispute resolution.

PROM continues to seek reviewers who are in active practice and board certified within their respective specialty. PROM efforts to seek reviewers has incorporated contact with selected specialty societies, recommendations from MSMS and PROM Board of Directors, articles in *Medigram*, county publications and personal contacts. Physicians are generally receptive to PROM requests to serve as review consultants recognizing both the *need* for the service and the *educational value* provided to the reviewer.

A result of dialogue with our clients, PROM expanded its orientation for reviewers with seminars for physician reviewers. An expanded orientation manual containing guidelines and sample reviews was distributed to all reviewers and each new reviewer is personally visited by PROM staff. These efforts have benefitted the review process by bringing greater consistency and quality to the reports written by the physician consultants.

The PROM Board of Directors, Staff and current reviewers continue the ongoing recruitment of needed physicians specialties as reviewers. The past six months PROM has expanded by 87 the number of its physician consultants. However, more are needed in OB/GYN, Cardiology, Otolaryngology, Nephrology, Vascular Surgery, Emergency Medicine, Adult & Child Psychiatry, Substance Abuse to name a few specialties.

Credentialing and privileging issues are an extension of the peer review activities of PROM. Our review services complement the ongoing peer review efforts of a hospital medical staff. Supporting the efforts of the medical staff through an external independent objective review may be helpful in assessing the quality of care provided by specific members of the medical staff. PROM has assisted several hospitals in the review of medical staff applications for appropriateness of experience and training for privileging issues. Credentialing activity has involved PROM with the Michigan Professional Credential Verification Service, a joint program at MSMS and the Michigan Hospital Association.

In January 1994, PROM was awarded a contract by the Department of Social Services to perform Quality Assurance Reviews of Capitated Health Plan Providers of Medical Care for medicaid recipients. An office has been established at the Wayne County Medical Society as a base to conduct these Quality Assurance reviews of Detroit area HMO's.

Health Education Foundation

Robert E. Paxton, MD, President

The Health Education Foundation continues to work towards its goal of increasing the physicians awareness level of the Foundation, its activities and its mission and thereby increasing the contributions made to the Foundation.

Specific items regarding the past year and the future of the Foundation include:

1. ***Financial Matters***: The Foundation continues to maintain responsibility for its own investment portfolio and those of the Danto Memorial Fund, Bruce Fellowship Fund, and the Impaired Physician Loan Fund. Mr. Tom McGann, Vice President of Comerica Bank provides advice and support to the Foundation regarding our investment portfolios.

2. ***Grant Activity***: The Board of Trustees awarded the following grants in 1993:

City for Youth - support of $10,000 for production and distribution of healthy lifestyle videos to all Michigan middle schools

Project Compassion - support of $2,180 for training of minority women in the field of long-term care nursing assistants

Care Givers - $2,000 for training of respite care volunteers

Council of MI Foundations - Michigan AIDS Fund - $2,000

3. ***Impaired Physician Loan Fund***: Three loans were made in 1993. Outstanding loans are continually reviewed for repayment. Two loans were paid off during the past year. Reports are made bi-annually to the MSMS Committee to Assist Impaired Physicians and the Physician Recovery Network. As always, the primary purpose of the impaired physician loan fund is to provide monies to assist with rehabilitation, not personal, expenses.

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4. ***Fundraising Activities***: The Foundation represents a remarkable opportunity for the medical profession to accomplish non-self serving, altruistic community service goals, but only if the corpus of the Foundation attains a size to make the Foundation efforts truly productive. Fundraising is therefore an essential function and could be termed the "life-blood" of the Foundation. Membership contributions to the Foundation during the past year were less than anticipated and directly affected the grant giving ability of the Foundation. The Board is continually exploring new ways of educating the membership of the Foundation's goals and projects. The membership's support is of the utmost importance if we are to remain a viable philanthropic entity.

The second annual MSMS Health Education Foundation family outing was held in 1993. The attendance at this fundraiser was less than hoped for, but was very appreciated by those attending. A different format, utilizing 2 one-day events, is planned for the third annual outing to be held this summer. A silent auction held at the 1993 MSMS House of Delegates yielded $1,700 for the Foundation's corpus. Another silent auction featuring gems, wine, cellular phones, and hotel accommodations is being planned for the 1994 House of Delegates. Discussions with county medical societies for joint fundraising efforts are taking place, as well as, a focus on planned giving efforts on behalf of the Foundation.

In 1994, the primary objective of the Foundation Board will be education of the membership regarding the availability of the Foundation as a charitable organization and the enlargement of the assets of the Foundation.

MSMS Group Insurance Trust

B. David Wilson, MD, Chair

The largest responsibility of the Group Insurance Trust continues to be the Blue Cross Blue Shield of Michigan Health Insurance Program. During the last year, several new options were added to the menu of available plans. These new options provide members with cost effective alternatives for themselves and their employees. The combined premium from the health insurance program is approaching $32 million. This represents a significant member benefit and the Group Insurance Trustees are committed to constantly reviewing the product with Blue Cross Blue Shield to find ways of providing better benefits at reduced costs.

Along with the Blue Cross Blue Shield program, the Trust is responsible for the MSMS sponsored Delta Dental Insurance Program. This program has seen significant growth since it was introduced in 1988 and currently has premiums of over $1 million. A Preferred Provider Option plan was introduced at the beginning of the 1993/94 plan year and has been widely accepted by both physicians and employees.

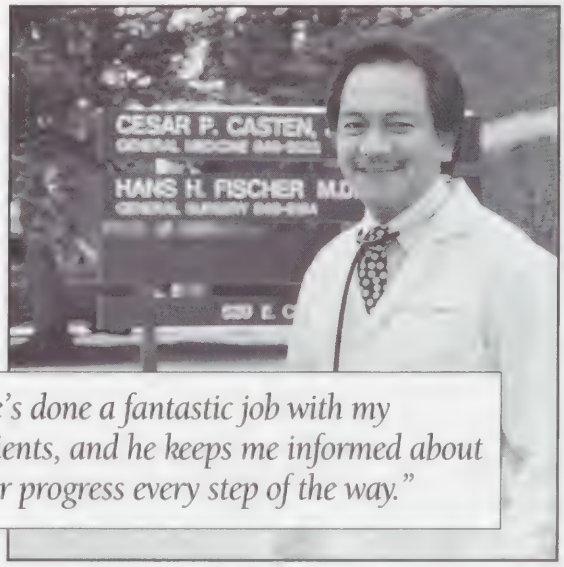
The GIT currently joint markets with the AMA a HIV Indemnity Protection program and a unique program designed especially for medical students. The AMA's HIV Indemnity program was the first designed to offer this distinct protection. The AMA's Medical Student program is another package of unique health, life and disability benefits packaged into a single program. The program was developed as a direct result of the Medical Student Section of the AMA House of Delegates and is designed to meet the needs of today's medical student. Wayne State Medical School now offers this program to its medical student population.

The GIT's newest program, long term care protection, has just been introduced. This program is available to physicians, their elder family members and employees. The program underwritten by AMEX Life Assurance Company, a leader in insuring long term care, provides access to both comprehensive nursing home and home health care benefits.

Just recently a group homeowners and automobile protection program underwritten by Auto-Owners Insurance Company was introduced. This program provides comprehensive personal home and auto protection for physicians at group rates. The GIT has already received an excellent response to this new program.

In addition to the Blue Cross Blue Shield and Delta programs, MSMS members also have access to a Group Term Life Insurance plan underwritten through Fortis Benefits Insurance Company, Special Accidental Death & Dismemberment Coverage and Group Disability and Business Overhead Expense Protection programs underwritten through Provident Life and Accident Insurance Company. An employees disability program is also available. ■

HEALTHY RELATIONSHIPS



"He's done a fantastic job with my patients, and he keeps me informed about their progress every step of the way."

Dr. Cesar Casten
Family Practice, Standish, MI

"The St. Luke's Specialist Referral Network introduced me to Dr. deBari. I work closely with a local foster home in our area that houses many individuals with paraplegia and other disabilities, and I frequently send these patients to Dr. deBari for the more specialized orthopedic care they need. It's a great relationship. I benefit. Dr. deBari benefits. And, of course, our patients benefit most of all."



Dr. Anthony deBari, Orthopedic Surgery
St. Luke's Specialist Referral Network, Saginaw, MI

"I've only been practicing in this area for three years, and St. Luke's Specialist Referral Network has been very helpful in marketing my practice. I've had many doctors refer patients to me and consult with me about a patient. I'm more than happy to do that. After all, that's what the Specialist Referral Network is all about. Physicians helping physicians."

SPECIALIST REFERRAL NETWORK

It's a simple idea. Rural physicians call St. Luke's Specialist Referral Network when they need the advice or services of a specialist. The Network contacts the appropriate specialist, arranges a phone consultation or makes a referral appointment, then calls the rural physician with the information. No hassles No waiting. A simple idea. And it's working.

When a healthy relationship with one of our Saginaw area specialists can help you and your patient, call the Specialist Referral Network at 1-800-541-3939.

St. Luke's Specialist Referral Network. Building healthy relationships among rural physicians, area specialists and their patients.

stLukes

A service of St. Luke's Healthcare Association.

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Our **Strength** is your *Security*

The strength of the Michigan State Medical Society's Group Insurance Trust continues to grow through member participation. The GIT is continually striving to improve existing services for over 15,000 current participants and initiate new programs to meet the ever changing needs of physicians.

Call the GIT at 1-800-748-0195, for your personalized analysis, before your health, dental, disability, life or accident policy renews.

MICHIGAN STATE MEDICAL SOCIETY
GROUP INSURANCE TRUST

Accidental Death, Blue Cross Blue Shield Health Benefits,
Business Overheard and Expense Protection, Delta Dental,
Disability Income Protection, Term Life Insurance

Exaugural Address



Outgoing MSMS President Gilbert B. Bluhm, MD, (left) receives his president's pin and a heartfelt handshake from MSMS Board Chair W. Peter McCabe, MD, (right) at the Presidential Ball held Saturday evening.

"Together we did accomplish a few things"

Gilbert B. Bluhm, MD

Tomorrow will conclude the 128th presidency of the Michigan State Medical Society. There have been both anticipated opportunities and unexpected challenges for our Society these past 370 days. Not all can or should be recounted, but I will highlight some events to remind us of our responsibilities as a profession.

There were times when I wondered whether I was being "followed or chased." However, as a spokesperson for MSMS, you encounter reporters, face TV cameras, and do radio interviews with resolve to avoid "hoof in mouth disease."

There was a weekly challenge to revise my notes on health system reform as the Clinton Administration proposal unfolded slowly. They delayed deliberately as their trial balloons about health reform were released. Fortunately, the MSMS policy was in concert with the AMA Health Access America, so the statewide efforts to educate our members so they, in turn, could work within their communities on health system delivery changes, evolved smoothly.

Our 10 programs on health system reform at different sites throughout Michigan during June, July and August were well attended by about 500 physicians and many other health care providers. In Sep-

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tember of 1993, the first physician/hospital organizations conference played to a full house of 250 physicians and health providers. The 1994 "Masters Series" about health system reform featured several expert speakers on a variety of topics: managed care (January); POs/PHOs (February); anti-trust and negotiations (March); and medical information systems (April). These programs culminated months of planning by staff and physicians, and alerted our physicians of ways to cooperate to maintain our central role as advocates for patients.

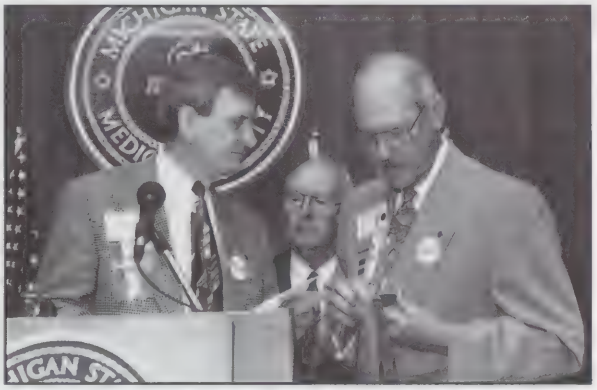
Responses by our members to these programs is reassuring. Many of the physicians have since spawned plans and directed efforts to form physician organizations, and thus, direct and modulate health reform in Michigan. This process must and will continue as MSMS, with its Physician Organization and Management Services, remains poised to provide assistance for Michigan physicians that is second to no other state's society.

A demanding schedule

A large proportion of my time has been required to address health system reform in every part of Michigan. It involved speeches in forums and panels for diverse groups of citizens, business organizations, insurance underwriters, Chambers of Commerce, church groups, as well as legislators. I have utilized every opportunity of this office to cultivate an awareness of Health Access America for our Society, as well as other interested citizen's organizations. I used the opportunity to point out areas of agreement as well as problems in health care proposals that were offered by federal or state governments and other competing plans.

I was one of six state medical society presidents that worked with the Managed Care Partnership of the AMA's Advisory Committee to the Board of Trustees. At the AMA's Interim House of Delegates of 1993 most of the principles that evolved from the Managed Partnership Committee were passed as policy by the AMA. Since January, I have spent many hours working with State Representative John Jamian and his executive committee on health system reform for the State of Michigan. These efforts in my view have been positive for us. Some of the preliminary material developed by Jamian's Executive Committee will be important for our state as the legislative process for health system reform proceeds in Michigan.

Last May we were on the verge of meaningful "tort reform" in Michigan after two decades and an ineffective legislative effort in 1986. However, July 8, 1993, marked the occasion when Governor Engler signed the medical liability reform package and the medical licensure and discipline bills as several of us stood by in attendance. The laws became effective April 1, 1994. Some opinions interpret it to be inadequate. Perhaps a short stride forward for physicians and other health care providers! But if the long lines of plaintiff trial lawyers to file claims before the new laws went into effect on April Fool's Day of 1994 are an indicator, it must have been a gigantic leap in the right direction for Michigan doctors! But our work isn't over, for the law will be tested in the courts. This is an issue where one could not avoid controversy, but I always refrained from confrontation when I talked with groups and the media on this issue. The battle has been won, but the war isn't over.



With only moments left in his term as MSMS President, Gilbert B. Bluhm, MD, (right) and MSMS Speaker of the House, Gary D. Maynard, MD, (left) share a few words as MSMS President-Elect, Jack L. Barry, MD, looks on.

Physician recruitment key

My emphasis during the year on physician recruitment will always remain a vital role for all of us. Few would deny a society is only as strong as its leadership, but likewise the leaders need to be supported effectively by growth in membership numbers—that has happened! It will continue if we persevere "one-on-one." I note MSMS membership increased over 200 members at the end of 1993 and there appears to be a continuing growth in numbers this year.

The Henry Ford Medical Group Pilot Project, cosponsored by the AMA, MSMS and the Wayne County Medical Society, had a 10 percent member growth as we began 1994. This was most encouraging to me and the effort will continue. MSMS was honored with a recognition plaque by the AMA for a second consecutive year as AMA membership in

Michigan grew as well. Just recently, we mailed to members of the MSMS who were **not** members of the AMA and received at last count 203 new memberships for the AMA from this group of physicians (10 percent return).

The preventative health program I worked on with Detroit public television WTVS (Channel 56) called "City for Youth: Healthy Lifestyles," has been exhilarating, but at times a disappointment. I attempted to give every physician (or spouse) in every county an opportunity to promulgate the use of the video tape and classroom video guide that was distributed to all 544 public middle schools in Michigan. My inaugural speech urged action. I sent a series of letters to remind the county presidents and their executives to contact their local middle school. Surveys later to some of the middle schools astounded me when they reported that many had not recalled receiving the materials. These videotapes address healthy lifestyles for young people and remain pertinent today and for the immediate future. They address respect, relationships, responsibility and risk management topics about sexuality, AIDS, problems of low self-esteem, anger, violence, ills from the use of drugs, alcohol, tobacco and accidents.

I shall never forget the heartwarming experience in Grand Rapids of using these videotapes for a 45-minute session with 35 sixth graders and 40 seventh and eighth graders. They watched a few segments which generated discussion and questions on appropriate attitudes and behavior; and I will never forget when I was in a gymnasium at the Riverside Middle School and there were about 175 students watching the videotape on a movie screen and a similar reaction occurred.

For those of you who have not taken time or who have delayed to help utilize these tapes in your local areas, it is not too late. I must admit with this program there were times when I had the urge to be a "Boss." Remember, service is the rent we pay for our room on earth!

Unity a must

During this year as your president, I advocated publicly MSMS policy, although on occasion I disagreed personally with it. However, the differences were kept within our Society because I believe that it is very important that we maintain a united front. On a number of occasions I have followed Ziggy Zigler's advice, "When a person continues to argue with you, lend them your ear and not your voice."

My initial remarks to our MSMS Board of Directors was: I am one; but only one; I am still one: I could do some things, but not all things; but together we did accomplish a few things.

I want to close by assuring you that we have an outstanding staff to assist the members and leaders of the Michigan State Medical Society. Every year you hear this accolade from your retiring president. I am again one who can attest to the excellent organization that our executive director, William Madigan, has provided for us. I never encountered a problem in obtaining information or assistance from anyone. I was always greeted with a smile and a ready hand to help me. Besides Mr. Madigan, there was special help from Kevin Kelly, Mary Anne Ford, Irene Frost, Judy Marr, Deborah Zannoth, Sandra Bitonti, Dawn Reha, Betty McNerney, Julie's' Lester and Smith, Claudia Skutar, Stacy Kohmetscher, Tom's' Plasman and Wolff, Greg Aronin, Dave Fox and Donna Farougi. It is a risk to name names because I am indebted to our entire staff. My heartfelt thanks to one and all!

■



An avid golfer, an unsuspecting Gilbert B. Bluhm, MD, (left) happily accepts a set of graphite irons from past MSMS officers just prior to the Presidential Ball Saturday evening. The irons were presented to Doctor Bluhm in recognition of his many accomplishments as president of MSMS in 1993-94. Sharing his excitement is Thomas C. Payne, MD, (right), who served as MSMS president in 1992-93.

MSMS Awards



Thirty-three Michigan physicians were on hand to receive an award for 50 years of service. In all, 101 Michigan physicians reached the 50-year mark this year.

Fifty-Year Awards

Fifty-year awards were presented to the following physicians:

Hal G. Aulie, MD, White Lake, MI
Arnold R. Axelrod, MD, Franklin, MI
Marga Baer, MD, Grosse Pointe, MI
C. Gerald Barone, MD, Bloomfield Hills
C. Dale Barrett, MD, Coldwater, MI
Richard C. Bates, MD, Okemos, MI
Samuel J. Behrman, MD, Tampa, FL
George D. Beyer, MD, Clio, MI
Charles H. Brown, MD, Wyandotte, MI
Laurence Bruggers, MD, Sun City West, AZ
C. Glen Callander, MD, Kalamazoo, MI
Maurice E. Castle, MD, Detroit, MI
L. Harold Caviness, MD, Angwin, CA
Ray W. Chamberlain, MD, Mt. Pleasant, MI
Roland H. Chapman, MD, Southfield, MI
Erwin G. Clahassey, MD, Grand Rapids, MI
William P. Clark, MD, Ann Arbor, MI
J. Maxwell Cook, MD, Sturgis, MI
Eugene H. Crawley, MD, Grosse Pointe Woods, MI
Ray O. Creager, MD, Kalamazoo, MI
Maria V. Cserhalmi, MD, Detroit, MI
Paul M. Dassel, MD, Inverness, FL
Ruth H. Day, MD, St. Clair Shores, MI
James R. Dehlin, MD, Gladstone, MI
Stella M. Delaini, MD, Grosse Pointe, MI
Dale W. Douglas, MD, Monroe, MI
Gerald A. Drake, MI Chapel Hill, NC
Arthur W. Eckhous, MD Birmingham, MI
Howard R. Eddy, MD, Adrian, MI
Atanasio C. Fajardo, MD, Miami, FL
Marshall J. Feeley, MD, Williamsburg, MI
George N. Ferris, MD, Birmingham, MI
L. Jerome Fink, MD, Petoskey, MI
John W. Freud, MD, Monroe, MI
James L. Frey, MD, Dearborn, MI
Frederick S. Gillett, MD, Grand Rapids, MI
Edmond J. Gostine, MD, St. Clair Shores, MI
Paul L. Gradolph, MD, Bloomfield Hills, MI
J. Donald Green, MD, West Bloomfield, MI
William A. Haley, MD, Detroit, MI
Lamar J. Hankamp, MD, Ann Arbor, MI
William D. Harrelson, MD, Kalamazoo, MI
William H. Harrison, MD, Lansing, MI
Charles H. Heffron, MD, Adrian, MI
Jack H. Hertzler, MD, Franklin, MI
Albertus J. Hoffs, MD, Grand Rapids, MI
John J. Hsu, MD, Birmingham, MI
William N. Hubbard, MD, Hickory Corners, MI
Harry C. Hudson, MD, Grand Rapids, MI
Nathan Kalichman, MD, Detroit, MI
Henry J. Klos, MD, St. Joseph, MI
Robert L. Landgraf, MD, Niles, MI
Frederick R. Latimer, MD, Honor, MI
Alexander T. Lebamoff, MD, Dearborn, MI
Hai S. Lee, MD, Niles, MI
Richard A. Lemmer, MD, Kalamazoo, MI
Bruce K. Lemon, MD, Southfield, MI
James W. Loynd, MD, Ft. Meyers, FL
Donald W. Martin, MD, Troy, MI
Martin Martinus, MD, West Olive, MI
Edward S. Maxim, MD, St. Clair Shores, MI
Robert E. McKnight, MD, Birmingham, MI
John G. Milliken, MD, Traverse City, MI
William A. Mudge, MDd, Marquette, MI
Gordon M. Murray, MD, St. Clair Shores, MI
David C. Northcross, MD, Detroit, MI
James W. Nunn, MD, Birmingham, MI
G. S. O'Sullivan, MD, Farmington Hills, MI
Sachiko K. Okamoto, MD, DeWitt, MI
Rufus H. Parrish, MD, Detroit, MI
Joseph H. Perry, MD, Grosse Pointe, MI
Johannes D. Plekker, MD, Holland, MI
Joseph O. Reed, MD, Detroit, MI
James M. Riekse, MD, Grand Rapids, MI
Paul Rizzo, MD, Grosse Pointe Farms, MI
Anne H. Samborski, MD, Farmington, MI
John B. Sarracino, MD, Los Gatos, CA
Heinrich C. Schaefer, MD, Grosse Pointe, MI
Robert L. Schaefer, MD, St. Clair Shores, MI
Charles A. Schoff, MD, Boynton Beach, FL
John L. Shek, MD, Saginaw, MI
Warren E. Shelden, MD, West Bloomfield, MI
Sarjit Singh, MD, Flint, MI
Philip K. Stevens, MD, Flint, MI
Masamichi Suzuki, MD, Bloomfield Hills, MI
Myron A. Tazelaar, MD, Indian River, MI
Henry A. Tazzioli, MD, Detroit, MI
Estelle P. Torres, MD, Beverly Hills, MI
Charles O. Townley, MD, Port Huron, MI
Harold E. Usndek, MD, Shelby Township, MI
Paul Van Portfliet, MD, Grand Rapids, MI
Robert G. Walkowiak, MD, Rochester Hills, MI
John C. Watts, MD, Howell, MI
Jack I. Weiss, MD, Naples, FL
John L. Wiant, MD, Birmingham, MI
Edward S. Wikiera, MD, Dearborn Heights, MI
Arnold Wollum, MD, Pompano Beach, FL
Douglas C. Youngman, MD, Las Vegas, NV
Joseph Zbikowski, MD, Farmington Hills, MI
Bertram Zheutlin, MD, Hickory Corners, MI
Alex Zotovas, MD, St. Petersburg, FL

National President Award
This award was presented to the following physicians for their service as presidents of national medical organizations. Elizabeth Gresch, MD, President, American College of Occupational and Environmental Medicine Robert M. Williams, MD, President, American College of Emergency Physicians.

Elizabeth Gresch, MD, president of the American College of Occupational and Environmental Medicine, receives the National President Award from MSMS President Gilbert B. Bluhm, MD.



Frederick and Besse Moulton Plessner Award
This award is presented by the MSMS Board of Directors to a rural physician who "best exemplifies the practice and ethics of a rural country practitioner." This year's recipient was: Adelbert L. Stagg, MD, Hartford, MI.

Adelbert L Stagg, MD, (left), receives the Frederick and Besse Moulton Plessner Award from MSMS Board Chair W. Peter McCabe, MD, (right), as his wife (center) looks on.



Flag Award
This award was presented to the following president of a non-medical organization: Jose L. Evangelista, President, University of Santo Tomas Medical Alumni Association of America.

Jose L. Evangelista, MD, president, University of Santo Tomas Medical Alumni Association of America, (left), receives the Flag Award from MSMS President Gilbert B. Bluhm, MD.



Presidential Citation
This award, presented to physicians or lay persons who have made an outstanding contribution to medicine in the state, was presented to the following person: Robert F. Larson, PhD., president, WTVS, Detroit-channel 56. (not present) ■

Elections



Newly-elected MSMS President-Elect B. David Wilson, MD, addresses the MSMS House of Delegates May 7.



Doctor Wilson and his wife, Nancy, celebrate at the Presidential Ball held Saturday evening.

The 1994 House of Delegates elected the following MSMS officers and directors, as well as delegates and alternates to the American Medical Association

OFFICERS
(to the 1995 House of Delegates)
President
Jack L. Barry, MD, Saginaw
President-elect
B. David Wilson, MD, Kalamazoo
Secretary
Thomas R. Berglund, MD, Portage
Treasurer
Billy Ben Baumann, MD, Pontiac
Assistant Treasurer
Earl C. Moehn, MD, Mt. Clemens
Speaker
Gary D. Maynard, MD, Kalamazoo
Vice-Speaker
Dorothy M. Kahkonen, MD, Detroit

DISTRICT DIRECTORS
(to the 1995 House of Delegates)
1st District
Steven E. Olchowski, MD, St. Clair Shores
2nd District
James E. McGillicuddy, MD, Lansing
3rd District
Jeffrey M. Jones, MD, Battle Creek
4th District
James B. Kilway, MD, Kalamazoo
5th District
Willard S. Stawski, MD, Grand Rapids
9th District
Kenneth H. Musson, MD, Traverse City
11th District
Thomas E. Stone, MD, Muskegon
13th District
David H. Gilbert, MD, Laurium
15th District
John H. McLaughlin, MD, Birmingham
15th District
Frederick V. Minkow, MD, Bloomfield Hills
15th District
Earl G. Moehn, MD, Mt. Clemens

DELEGATES TO THE AMA
(to the 1996 House of Delegates)
Busharat Ahmad, MD, Monroe
Billy Ben Baumann, MD, Pontiac
Cathy O. Blight, MD, Flint
R. Jack Chase, MD, Grand Rapids
Louis R. Zako, MD, Dearborn Heights

ALTERNATE DELEGATES TO THE AMA
(to the 1996 House of Delegates - in order of seniority)
B. David Wilson, MD, Kalamazoo
Charles C. Vincent, MD, Detroit
John W. Hall, MD, Petoskey
Domenic R. Federico, MD, Grand Rapids
Pino Colone, MD (resident)

Special Memberships

LIFE MEMBERSHIPS

A life member is any physician who has maintained an active membership in good standing for 25 years in any one or more constituent state societies of the American Medical Association, with any five years in Michigan, with dues paid for the previous calendar year and who 1) has attained the age of 70 years or 2) has been in practice for 50 years.

Bay
Tomas R. Cajigas, MD; Eugene J. Kulinski, MD; Charles H. Stone, MD; Livius N. Stroia, MD; Thomas Wright, MD

Berrien
Standley M. Mesirow, MD

Genesee
Robert M. Michels, MD; Joon H. Park, MD; John H. Reid, MD

Grand Traverse-Leelanau-Benzie
Herschel J. Wells, MD

Ingham
Eleanor A. Berden, MD; Homer I. Larson, MD

Jackson
Edward R. Weddon, MD

Kalamazoo
Frank G. Harrell, MD

Kent
James A. Gunn, MD; Louis Helder, MD; Walter J. Jaracz, MD; Zigfrids Zadvinskis, MD

Lenawee
Landis C. Stewart, MD

Macomb
Guillermo Betanzos, MD; John V. Corbett, MD

Marquette-Alger
James F. Tobin, MD

Midland
William B. Redmon

Muskegon
Edward M. Fugate, MD; Ingram J. Kleaveland, MD

Oakland
Dorothy M. Goerner, MD; Seymour Krevsky, MD; Ruben S. Kurnetz, MD; Murray S. Mahlin, MD; Simon W. Maroko, MD; Richard S. McCaughey, MD; William J. Muesing, MD; Kenneth E. Pitts, MD; James R. Quinn, MD; Robert E. Richard, MD; Kenneth L. Urwiller, MD; Otanas Vaitas, MD; Gertraud Wollschlaeger, MD

Saginaw
Donald J. Cady, MD; Richard D. Goldner, MD; Rudolph M. Jarvi, MD; Alfonso A. Villegas, MD

Shiawassee
William J. Ford, MD; James S. McGeehan, MD

Washtenaw
Richard J. Allen, MD; Richard F. Cooper, MD; George W. Morley, MD; Martin L. Norton, MD; Gena R. Pahucki, MD

Wayne
Margaret A. Baima, MD; Firoos Bassir, MD; Harry R. Butler, MD; Martin L. Charles, MD; William N. Davis, MD; Robert J. Griffin, MD; Warren G. Hardy, MD; George P. Inge, MD; Harold W. Jaffe, MD; Vairamuttu Kanagarasa, MD; David A. Krevsky, MD; Robert D. Larsen, MD; Elliot D. Luby, MD; Robert E. Mack, MD; Andreas A. Marcotty, MD; Cleon M. Michael, MD; Wesley B. Mikesell, MD; John W. Moynihan, MD; Richard J. Pollard, MD; Kenneth J. Ray, MD; Martin J. Seldon, MD; Roger F. Smith, MD; Alexander J. Walt, MD; Arthur N. Weaver, MD

RETIRED MEMBERSHIPS

Retired members are physicians who have maintained active membership in any one or more constituents state societies in Michigan for a period of five or more years, and who have retired from practice.

Barry
John G. Den Hartog, MD

Bay
John S. Campbell, MD; William M. Follis, MD; Paul J. Hettle, MD; Sezai Olgac, MD; Harold C. Shafer, MD

Berrien
Gerald Beal, MD; Orhan Kilic, MD

Calhoun
Miriam S. Daly, MD; Gordon W. Lakke, MD

Cass
James F. Spears, MD

Delta
Michael J. Curtin, MD

Genesee
Robert M. Armbruster, MD; Donald R. Canada, MD; Donald R. Harris, MD; James D. McAlindon, MD; W. Archibald Piper, MD; Philip G. Seven, MD; John W. Tauscher, MD; Siavosh Varjavandi, MD

Grand Traverse-Leelanau-Benzie
Harry M. Blount, MD; Laurence P. Skendzel, MD

Houghton-Baraga-Keeweenaw
Kenneth E. Rowe, MD

Ingham
William W. Blackburn, II, MD; Atis K. Freimanis, MD; Lester C. Jones, MD

Kalamazoo
Frederick W. Bald, III, MD
Harold C. Halvorson, MD; I. Richard Weiss, MD; George H. Ishler, MD

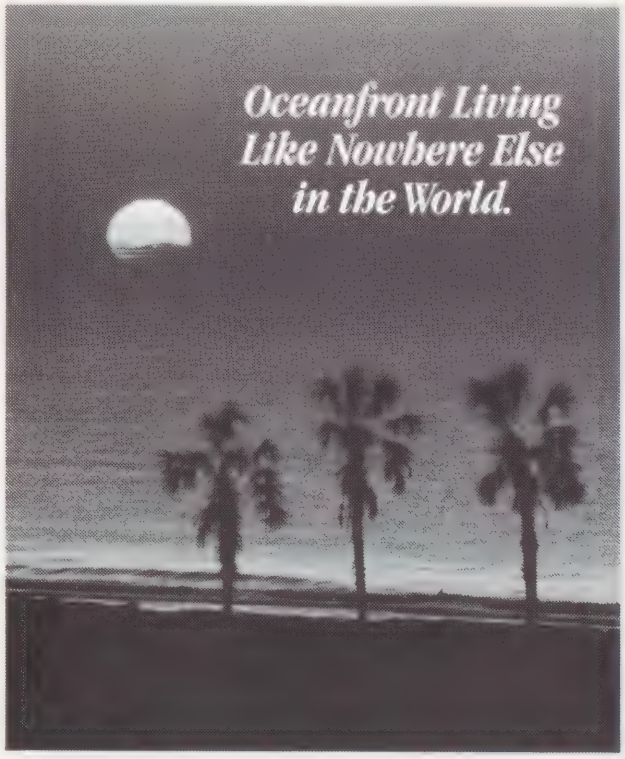
Kent
Robert D. Burton, MD; Raymond E. Fuller, MD; Theresa R. Palaszek, MD; William D. Simpson, MD; Vincent J. Turcotte, MD; Kenneth J. Vander Kolh, MD; James K. Watkins, MD

Macomb
Dario C. DePaulis, MD; Charles J. Lapp, MD; Gerald W. Morris, MD

Mason
Thomas S. Dunstan, MD; Desmond P. Waters, MD

Midland
Michael S. Leahy, MD; William B.

Continued on page 57



In a lush and beautiful area just south of Charleston lies a private island called Jeremy Cay…it is a place of history and Southern folklore, where dirt roads wind lazily among live oaks, palmettos, and tidal lagoons.

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Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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Continued from page 55

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Muskegon

C. James Kelly, MD; Richard R. Oslund, MD; Frank Pettinga, MD

Northern Michigan

Lars W. Kleppe, MD; Robert A. Mengebier, MD

Oakland

Max D. Clark, MD; William Cutler, MD; Michael Kaprielian, MD A. T. Karabey, MD; Edwin M. Knights, Jr., MD; Carl E. Kuntzman, MD; Leonard H. Lerner, MD; Arthur S. Lussos, MD; Sua Ann McCutcheon, MD; Robert J. Netzel, MD; Kevin T. O'Donnell, MD; Phillip E. Perkins, MD; John Rich, MD; Kathryn W. Talbot, MD; Lawrence G. Talbot, MD

Ottawa

Arthur DeBoer, MD; James D. Hays, MD; Robert C. Mahaney, MD; J. Jay Post, MD; Charles C. Wang, MD

Saginaw

Eduardo T. Bermudez, MD; William T, Knapp, MD; Carlos M. Lauchu, MD; Ulrich Moeser, MD; J. Eugene Rank, MD; Patricia V. Valia, MD

St. Clair

James W. Mitchener, MD

Washtenaw

David G. Anderson, MD; Willard D. DenHauter, MD; William Edmunds, MD; Robert J. Fisher, MD; Paul W. Gikas, MD; Glen H. Kumasaka, MD; David R. McCubbrey, MD; Shokrollah Mirafzali, MD

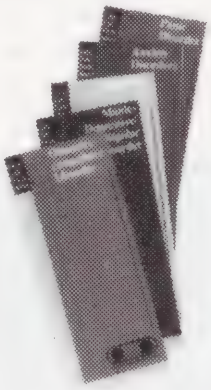
Wayne

Shafqat Ali, MD; Robert D. Allaben, MD; Regine Aronow, MD; Ernesto R. Briones, MD; Peter A. Del Guidice, MD; Reginald H. Ernst, MD; Emanuel Frisch, MD; Thomas H. Galantowicz, MD; Stanley Greenberg, MD; Miguel R. Gutierrez, MD; Michael Haas, MD; John R. Ingall, MD; William H. Jevons, MD; Alexander P. Kelly, MD; Frederick J. Knocke, MD; Edward Larsen, MD; Carl W. Lohmann, MD; Eugene M. Mezger, MD; Carlos Obregon, MD; Julius M. Ohorodnik, MD; Sukhamoy Paul, MD; William E. Powers, MD; Rafael E. Quinones, MD; Francis P. Shea, MD; Marvin Sherman, MD; Thomas M. Sullivan, MD; Frederick N. Talmers, MD; Anna M. Theodoulou, MD; Theodore G. Todoroff, MD; Zdzislaw T. Zbikowski, MD

Wexford-Missaukee

Thomas F. Richmond, MD ■

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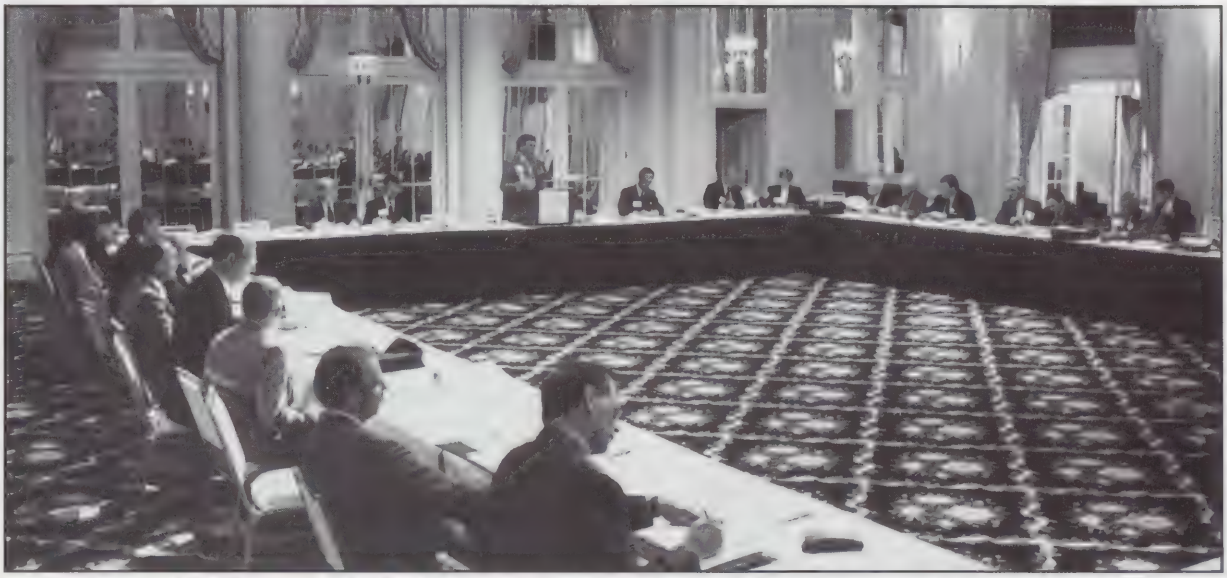
MENTAL ILLNESS AWARENESS WEEK

October 2-8, 1994

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Please also use the Mental Illness Awareness Week logo (above) in your publications as you have space.

Board Action Items



The MSMS Board of Directors had a full agenda to tackle during a meeting held just prior to the opening of the MSMS House of Delegates May 6 in Grand Rapids.

Board Action Report #1 - General Membership Annual Meeting (Resolution 4-93A).
The Reference Committee on Scientific and Educational Affairs recommended adoption of the following Recommendation of Board Action Report #1:
RECOMMENDATION: That this report be adopted in lieu of Resolution 4-93A
The House approved the recommendation of the Reference Committee.

Board Action Report #2 - Academic Limited License Revisions (Resolution 15-93A).
The Reference Committee on Legislation recommended adoption of the following Recommendation of Board Action Report #2:
RECOMMENDATION: That MSMS support the concept of House of Delegates Resolution 15-93A and request the Michigan Attorney General give an opinion whether the Board of Medicine may offer a temporary license for a maximum of 30 days under section 16182 of the Michigan Public Health Code."
The House approved the recommendation of the Reference Committee.

Board Action Report #3 - Quantity-Based Physician Certification/Recertification (Resolution 32-93A).
The Reference Committee on Physician Hospital Relations recommended adoption of the following Recommendation of Board Action Report #3:
RECOMMENDATION: That MSMS oppose the use of quantity of services as the sole criterion for physician certification and recertification, and the AMA be made aware of this opposition."
The House approved the recommendation of the Reference Committee.

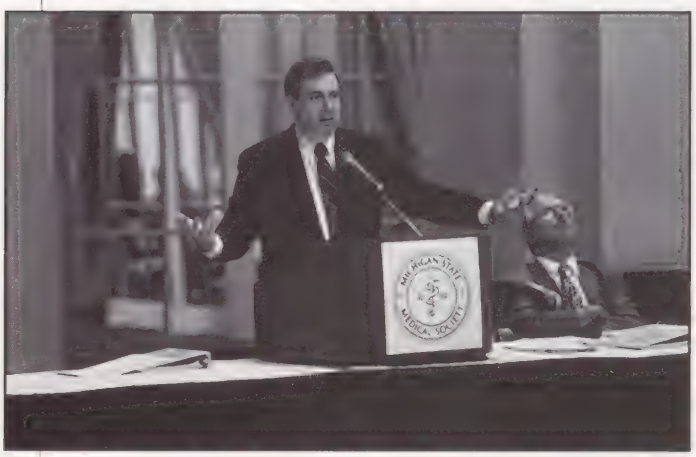
Board Action Report #4 - Support For Physicians For A Fair Provider Class Plan Defense of Boros Decision (Resolution 35-93A).
The Reference Committee on Medical Care Delivery recommended adoption of the following Recommendation of Board Action Report #4:
RECOMMENDATION: That the 1994 House of Delegates adopt this report in lieu of Resolution 35-93A."
The House approved the recommendation of the Reference Committee.

Board Action Report #5 -Post-Graduate Training Admission Requirements for IMGs. (Resolution 55-93A).
The Reference Committee on Scientific and Educational Affairs recommended adoption of the following Recommendation of Board Action Report #5:
RECOMMENDATION: That the 1994 House of Delegates adopt this report in lieu of Resolution 55-93A and no further action be taken on this Resolution."
The House approved the recommendation of the Reference Committee.

Board Action Report #6 - Develop Non-Member Databank (Resolution 59-93A).
The Reference Committee on Internal Affairs and Public Service recommended adoption of the following Recommendation of Board Action Report #6:
RECOMMENDATION: That the 1994 House of Delegates approve continued progress with the AMA for MSMS access to the AMA's UNIFILE system in place of the development of an MSMS non-member databank."
The House approved the recommendation of the Reference Committee.

Board Action Report #7 - Representation Of the Medical Profession (Resolution 60-93A).
The Reference Committee on Internal Affairs and Public Service recommended adopted of the following Recommendations of Board Action Report #7 as amended:
RECOMMENDATION ONE: That the 1994 House of Delegates—after exploring the number of occasions whereby non-members can interact with MSMS Committees, the MSMS Board of Directors, Sections and the House of Delegates—conclude that nonmembers are offered a variety of options for input in the MSMS decision making process and that this report be adopted in lieu of Resolution 60-93A; and
RECOMMENDATION TWO: That MSMS recognize that more work needs to be done by the Board to encourage the participation and input of non-members in the activities of organized medicine.
The House approved the recommendation of the Reference Committee.

Board Action Report #8 - Lead Free Childcare Facilities (Resolution 67-93A).
The Reference Committee on Public Health recommended adoption of the following Recommendation of Board Action Report #8:



Howard A. Brody, MD, chair, MSMS Bioethics Committee, discusses the emotionally-charged issue of physician-assisted suicide before the MSMS Board Friday afternoon. MSMS Immediate Past-President Thomas C. Payne, MD (seated) ponders the many dilemmas outlined by Doctor Brody.



MSMS Speaker of the House, Gary D. Maynard, MD, reviews resolutions in preparation for house debate and testimony Saturday and Sunday.

RECOMMENDATION: That the 1994 House of Delegates adopt House of Delegates Resolution 67-93A, calling for regulatory measurers to assure that all Michigan child care facilities have lead free environments."
The House approved the recommendation of the Reference Committee.

Board Action Report #9 - MSMS Policy on Physician Terminating A Patient Relationship (Resolution 68-93A).
The Reference Committee on Internal Affairs and Public Service recommended adoption of the following Recommendation of Board Action Report #9:
RECOMMENDATION: That the 1994 House of Delegates take no further action on Resolution 68-93A."
The House approved the recommendation of the Reference Committee.

Board Action Report #10 - Appropriate Use Of Diagnostic Facilities In Physicians' Offices (Resolution 84-93A).
The Reference Committee on Public Health recommended adoption of the following Recommendation of Board Action Report #10:
RECOMMENDATION: That the 1994 House of Delegates adopt Resolution 84-93A."
The House approved the recommendation of the Reference Committee.

Board Action Report #11 - Self-Referral By Physicians (Resolution 87-93A).
The Reference Committee on Physician Hospital Relations recommended adoption of the following Recommendation of Board Action Report #11:
RECOMMENDATION: That the 1994 House of Delegates disapprove Resolution 87-93A."
The House approved the recommendation of the Reference Committee.

Continued on next page

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Nine MSMS past presidents gathered for a photo the evening of the presidential ball. They are (l to r): Gilbert B. Bluhm, MD; C. Allen Payne, MD; Brooker L. Masters, MD; Thomas R. Berglund, MD; John J. Coury, MD; Susan H. Adelman, MD; Thomas C. Payne, MD; Donald Crandall, MD; Robert D. Burton, MD; Frederick E. Bryant, MD; Louis R. Zako, MD; and Robert E. Paxton, MD.

Board Action Report #12 - Patient Support (Resolution 117-93A).
The Reference Committee on Medical Care Delivery recommended adoption of the following Recommendation of Board Action Report #12:
RECOMMENDATION: That the 1994 House of Delegates adopt this report in lieu of Resolution 117-93A.
The House approved the recommendation of the Reference Committee.

Board Action Report #13 - Opposition To House Bill 4156 (Resolution 120-93A).
The Reference Committee on Legislation recommended adoption of the following Recommendation of Board Action Report #13:
RECOMMENDATION: That the 1994 House of Delegates take no action on Resolution 120-93A."
The House approved the recommendation of the Reference Committee.

Board Action Report #14 - Legislation To Define The Practice Of Medicine. (Resolution 121-93A).
The Reference Committee on Legislation recommended adoption of the following Recommendation of Board Action Report #14:
RECOMMENDATION: That the 1994 House of Delegates take no action on the first Resolved of Resolution 121-93A and that the second Resolved be adopted as amended to read:
RESOLVED: That MSMS seek legislation to provide that an insurer, a health care corporation or a government agency may not interfere with the patient/physician relationship by determining medical necessity without a fair and reasonable appeals process and independent binding arbitration.
The House disapproved the recommendation of the Reference Committee and adopted the following Substitute Resolution.
Title: Determination of Medical Necessity and Medical Case Management (Resolution 121-93A).
RESOLVED: The treating physician shall be the sole determinant of medical case management and medical necessity.
RESOLVED: That MSMS seek legislation to provide that an insurer, a health care corporation or a government agency may not interfere with the patient/physician relationship by determining medical necessity or medical case management without a fair and reasonable appeals process and independent binding arbitration in a timely fashion."

Report of Reference Committee on Constitution and Bylaws
The Reference Committee on Constitution and Bylaws recommended approval of amendments on final reading:
-Adding the Michigan Sleep Disorders Association to the list of specialty societies to be represented in the MSMS House of Delegates.
-Adding a delegates seat for the Chief Medical Executive of the Michigan Department of Public Health as an ex-officio member, if an active MSMS member.
The House approved the recommendation of the Reference Committee.

In addition, the Committee on Constitution and Bylaws will review and revise the Constitution and Bylaws to further define the categories for voting and non-voting seats in the MSMS House of Delegates and amend it to reflect gender-neutral language. The MSMS Constitution and Bylaws document is scheduled to be updated and reprinted in fiscal year 1994.

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Delegates' Record of Attendance

May 6-8, 1994 Meeting	1st	2nd	3rd
OFFICERS:			
Speaker:			
Gary D. Maynard, MD	X	X	X
Vice Speaker:			
Dorothy M. Kahkonen, MD	X	X	X
Secretary:			
Thomas R. Berglund, MD	X	X	X
Delegates and Alternates			
ALLEGAN			
Van O. Keeler, MD	-	-	-
ALPENA-ALCONA-PRESQUE-ISLE			
Richard D. Bates, MD	X	X	-
BARRY			
David M. Woodliff, MD	X	X	X
BAY			
Douglas M. Cummings, MD	-	X	-
Robert C. Prophater, MD	X	X	X
BERRIEN			
James A. Amlicke, MD	-	-	-
Fred M. Busse, MD	X	X	X
Daniel F. Kreider, MD	-	-	-
Linda K. Stanley, MD	X	X	X
BRANCH			
Donald Paarlberg, MD	-	-	-
CALHOUN			
B. Douglas Campbell, MD	X	X	X
Robert W. Oakes, MD	X	X	X
Louis C. Remynse, III, MD	-	-	-
Paul A. Walk, MD	X	X	X
Jeffrey M. Jones	X	X	-
Marjorie J. Hickman, MD	-	-	X
CASS			
Boonchoo Chang, MD	X	X	X
Chippewa-Mackinac			
William B. Hampton, MD	-	-	-
Edward N. Johnson, MD	-	X	X
CLINTON			
Donald L. Porter, MD	-	-	-
DELTA			
Carol A. Krieg, MD	-	-	-
DICKINSON-IRON			
Not Represented			
EATON			
Sherman W. Horn, II, MD	X	X	X
GENESEE			
Ali A. Esfahani, MD	-	-	-
Cyrus Farrehi, MD	-	-	-
George H. Greidinger, MD	X	X	X
Vivian M. Lewis, MD	X	X	X
AppaRao Mukkamala, MD	X	-	-
W. Archibald Piper, MD	X	X	X
Frederick W. Sherrin, MD	-	-	-
Lewis E. Simoni, MD	X	X	X
Robert M. Soderstrom, MD	-	-	X
Allen F. Turcke, MD	X	X	X
Virgilio Villarreal, MD	X	X	X
Michael C. Boucree, MD	X	-	X
Edwin H. Gullekson, MD	X	X	X
Kenneth A. Jordan, MD	-	-	X
Jagdish K. Shah, MD	X	-	X
GOGEBIC			
Not Represented			
GRAND TRAVERSE-LEELANAU-BENZIE			
Lawrence S. Loesel, MD	-	X	X
David B. Martin, MD	-	-	-
Edward J. Rutkowski, MD	X	X	X
Richard C. Schultz, MD	X	X	-
GRATIOT			
Ashok R. Sonnad, MD	-	-	X
HILLSDALE			
Michael J. Parks, MD	X	X	X
HOUGHTON-BARAGA-KEWEENAW			
Rudy W. Stefancik, MD	X	X	X
HURON			
Edward E. Steinhardt, MD	X	X	X
INGHAM			
Rolland E. Bethards, MD	-	X	X
Clyde R. Flory, MD	X	X	X
Floyd G. Goodman, MD	X	X	X
Robert A. Holmes, MD	X	X	X
Omero S. Iung, MD	X	X	X
Donald H. Kuiper, MD	-	-	-
James E. McGillicuddy, MD	X	X	-
Mitchell A. Rinek, MD	X	-	X
Dawn E. Springer, MD	X	X	X
Joseph A. Rutz, MD	-	X	X
John G. Wiegenstein, MD	-	-	X
IONIA-MONTCALM			
Louis E. Sanford, MD	X	X	X
IOSCO-ARENAC			
Devendra K. Sharma, MD	-	-	-
ISABELLA-CLARE			
Charles R. Beyerlein, MD	-	-	-
JACKSON			
Jack D. Gift, MD	-	-	-
Mary A. Mangelsen, MD	X	X	X
Moses Muzquiz, MD	-	X	X
KALAMAZOO			
Owen M. Berow, MD	X	X	X
M. Joseph Bowler, MD	X	X	X
Thomas M. George, MD	X	X	X
James B. Kilway, MD	X	X	-
Joseph E. Kincaid, MD	X	X	X
Gary D. Maynard, MD	X	X	X
Cecilia M. Prophit, MD	-	-	-
Donna Lou Ritter, MD	X	X	X
Geoffrey A. Wardwell, MD	X	X	X
Janice L. Werbinski, MD	X	X	X
William H. Woodhams, MD	X	X	X
Ronald L. VanderLugt, MD	X	X	X
KENT			
John H. Beernick, MD	-	-	-
James V. Buzzitta, MD	-	-	X
R. Paul Clodfelder, MD	X	X	X
Douglas A. Edema, MD	X	-	X
Paul O. Farr, MD	X	X	X
Domenic R. Federico, MD	X	-	X
Gregory J. Forzley, MD	X	X	X
James R. Irwin, MD	X	-	X
John H. Kopchick, MD	X	X	X
John M. MacKeigan, MD	X	-	-
Rolland D. Mambourg, MD	-	-	-
Ann M. Minnema, MD	X	X	X
John P. Papp, MD	X	-	X
Brian V. Phillips, MD	X	X	X
Sarla Puri, MD	X	X	X
Jack L. Romence, MD	X	-	X
Anthony Senagore, MD	X	-	X
Peter D. VanVliet, MD	-	-	-
Susan B. Burke, MD	-	X	X
Michelle M. Condon, MD	X	-	-
Brian A. Roelof, MD	-	-	X
David L. Sharp, MD	X	X	X
Frances J. Verde, MD	-	X	X
David D. Verdier, MD	-	X	X
Kathleen J. Yost, MD	-	X	X
LAPEER			
William G. Tucker, MD	X	X	X
LENAWEE			
Inad Haddad, MD	X	X	X
Nancy S. Newlin, MD	-	-	-
LIVINGSTON			
Edwin S. Woodworth, MD	-	-	-
LUCE			
No Represented			
MACOMB			
Arsenio V. DeLeon, Jr., MD	X	X	X
Ben R. Fajardo, MD	-	-	-
Paul R. Gradolph, MD	-	-	-
Josel M. Kriegel, MD	-	-	X
Prabhaker M. Reddy, MD	-	-	-
Ronald J. Sables, MD	-	-	-
Milton F. Simmons, MD	X	X	X
Akemi Takekoshi, MD	-	X	X
Kenneth A. Weinberger, MD	-	X	X
Paul R. Kipp, MD	-	X	X
Samir M. Ragheb, MD	X	X	X
MANISTEE			
Vickers C. Hansen, MD	X	X	X
MARQUETTE-ALGER			
William G. Addison, MD	-	-	-

Continued on next page

Continued from previous page

Carl F. Hammerstrom, MD	X	X	X
MASON			
Richard S. York, MD	-	-	-
Mecosta-Osceola-Lake			
Jerome A. Conrad, MD	-	-	-
MENOMINEE			
Not Represented			
MIDLAND			
Roy M. Goethe, MD	-	-	-
Gary S. Smith, MD	X	X	X
Robert L. Snyder, DO	-	X	X
MONROE			
Amir H. Mehregan, MD	-	X	-
S. R. Nair, MD	-	X	-
MUSKEGON			
Frederick B. Brown, MD	-	-	-
Stephen E. Fisher, MD	-	-	-
Robert C. Packer, MD	X	-	X
A. James Potter, MD	X	X	X
Todd L. Helle, MD	X	X	X
NEWAYGO			
Michael J. Post, MD	X	-	X
NORTH CENTRAL			
Warren E. Bontrager, MD	X	-	X
NORTHERN MICHIGAN			
Reed K. Freidinger, MD	X	X	X
John W. Hall, MD	X	-	X
Dennis M. Joy, MD	-	-	-
Bruce Deckinga, MD	X	-	X
OAKLAND			
Jaime V. Aragones, MD	X	X	X
Joseph A. Arena, MD	-	-	-
Edward E. Barton, MD	-	-	-
Steven Bolton, MD	-	-	-
Hari G. Chopra, MD	-	X	X
Nitin C. Doshi, MD	-	-	-
George R. Gerber, MD	X	X	X
Kenneth W. Gitlin, MD	-	-	-
Harvey W. Halberstadt, MD	X	-	X
Shamsul M. Haque, MD	X	X	X
Kamalesh Lahiri, MD	-	X	-
Bruce T. Lessien, MD	X	-	-
Murray B. Levin, MD	-	-	X
Robert S. Levine, MD	-	-	-
Thomas Mathew, MD	-	-	-
Alan M. Mindlin, MD	X	X	X
Moufid Mitri, MD	X	X	X
George B. Moser, MD	-	-	-
Peter T. Muller, MD	X	-	X
Steven E. Newman, MD	X	X	X
Panayotis C. Pesaros, MD	-	-	-
Renato G. Ramos, MD	-	-	-
James A. Read, MD	X	-	X
David S. Ruskin, MD	-	-	-
Joseph L. Schirle, Jr., MD	-	-	-
Ghalib Y. Talia, MD	-	-	-
Sherry L. Viola, MD	-	-	-
Gertraud Wollschlaeger, MD	X	X	X
Robert C. Nestor, DO	X	X	X
OCEANA			
Steven R. Lessens, MD	-	-	-
ONTONAGON			
Not Represented			
OTTAWA			
William D. Doebler, MD	-	X	-
Arnold R. Dood, MD	X	-	-
R. Gary Robertson, MD	X	-	X
SAGINAW			
Edgar P. Balcueva, MD	X	X	X
Leroy C. Barry, MD	X	X	X
Thomas A. Egleston, MD	X	X	X
Richard P. Heuschele, MD	-	-	-
Ronald L. Jenson, MD	-	-	-
Charles E. Mueller, MD	X	X	X
Jacob C. Ninan, MD	X	X	X
Conchita D. Riparip, MD	X	X	X
ST. CLAIR			
Timothy B. Aiken, MD	X	-	X
James W. Sharpe, MD	X	X	X
John C. Sullivan, MD	X	-	X
ST. JOSEPH			
Lawrence R. Werschky, MD	-	-	-
John C. Kirkpatrick, MD	X	X	X
SANILAC			
Levi L. Guerrero, MD	-	-	-
Schoolcraft			
Not Represented			
SHIAWASSEE			
Timothy D. Oliver, MD	X	X	X
TUSCOLA			
Alfonso C. Ferreira, MD	X	X	X
VAN BUREN			
Vincent R. Cabras, MD	X	X	X
WASHTENAW			
Tama D. Abel, MD	-	X	X
Allan C. D. Brown, MD	X	X	X
Robert H. Burke, MD	-	-	-
Karl J. Edelmann, MD	X	X	X
C. Peter Fischer, MD	-	-	-
Carl M. Frye, MD	X	X	-
David W. Learned, MD	-	-	-
Manfred Marcus, MD	X	X	X
Terry "Gene" Ragland, MD	X	X	X
Diana M. Rothman, MD	X	X	X
Marguerite R. Shearer, MD	-	X	X
Douglas B. Siders, MD	-	-	-
Michael W. Smith, MD	-	X	X
L. Paul Sonda, MD	-	X	-
Carl VanAppledorn, MD	-	-	-
Robert L. Bree, MD	X	X	-
Edward R. Powsner, MD	-	X	X
Barbara A. Threatt, MD	-	-	X
Scott W. Woods, MD	X	-	-
WAYNE			
Susan H. Adelman, MD	-	X	X
Antonio A. Aguirre, Jr., MD	-	-	-
Hassan Amirikia, MD	-	X	X
Lourdes V. Andaya, MD	X	X	-
Donald C. Austin, MD	-		-
Edmund M. Barbour, MD	-	-	-
Joseph M. Beals, MD	X	X	X
Archie W. Bedell, MD	X	X	-
David H. Blinkhorn, MD	-	-	-
Robert G. Borchak, MD	X	X	-
R. John Bradfield, MD	-	-	-
Kenneth A. Brown, MD	-	-	-
Edward C. Bush, MD	X	X	X
Arthur M. Combs, MD	-	-	-
Chandra M. Edwin, MD	-	-	-
John F. Fennessey, MD	X	X	X
James P. Gallagher, MD	X	X	-
Vincent J. Gallant, MD	-	-	-
Alma R. George, MD	X	X	X
William A. Harrity, MD	-	-	-
Gilbert E. Herman, MD	X	X	X
George C. Hill, MD	X	X	X
Melwin L. Hollowell, MD	-	-	-
Willard S. Holt, Jr., MD	-	-	-
Anne-Mare Ice, MD	-	X	X
Samuel D. Indenbaum, MD	-	-	-
Franklin R. Jackson, MD	-	-	-
Vicha Janviriya, MD	X	X	X
Cecil R. Jones, MD	-	-	-
Dorothy M. Kahkonen, MD	X	X	X
Jose O. Kleer, MD	-	-	-
E. Michael Krieg, MD	-	-	-
Neelam B. Kumar, MD	-	-	-
Ronald R. Larson, MD	-	-	-
Robert P. Lilly, MD	-	-	-
Devinder K. Mahajan, MD	-	-	-
Gerald H. Mandell, MD	X	X	X
Richard Menczer, MD	-	X	X
John W. Moynihan, MD	-	-	-
Kevin M. O'Brien, MD	-	-	-
Steven E. Olchowski, MD	X	X	-
Joseph R. Oldford, MD	X	X	X
Russel F. Proud, MD	X	X	-
Daniel J. Reddy, MD	-	-	-
J. Alan Robertson, MD	X	X	X
Jerry C. Rosenberg, MD	-	-	-
Jack Ryan, MD	-	-	-
Rojan Samudrala, MD	-	-	-
Elizabeth L. Schmitt, MD	-	-	-
Orlando S. Sison, MD	X	X	-
Robert A. Sobel, MD	-	-	-
Robert A. Songe, MD	-	X	X
Arthur A. Ulmer, MD	X	X	-
Jay Victor, MD	-	-	-
Joseph J. Weiss, MD	-	-	X
Fred W. Whitehouse, MD	X	X	X
Bernard J. Woodley, MD	X	X	X
Louis R. Zako, MD	X	X	X
Firooz Banooni, MD			
Martin H. Daitch, MD	X	X	X
Jose L. Evangelista, MD	X	X	X
Frederick W. Fitzpatrick, MD	X	X	X
Reginald W. Harnett, MD	X	X	X
Joseph H. Lorber, MD	X	X	X
Michael A. Sandler, MD	X	X	-
In Kwang Yoon, MD	X	X	X
WEXFORD-MISSAUKEE			
Dennis E. VanAlst, MD	X	X	X

IMMEDIATE PAST PRESIDENT
Thomas C. Payne, MD X X X
MEDICAL SCHOOL DEAN
Robert J. Sokol, MD, WSU - - -
MEDICAL STUDENT SECTION
University of Michigan
Nurum Erdem - - -
MICHIGAN STATE UNIVERSITY- - -
Not Represented
WAYNE STATE UNIVERSITY
Not Represented
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Diane L. Morris, MD X X X
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Philip J. Boyer, MD, PhD X X -
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MI SOCIETY OF COLON AND RECTAL SURGERY
Martin A. Luchtefeld, MD - - -
MI DERMATOLOGICAL SOCIETY
Barbara M. Mathes, MD X - X
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Joseph R. Twanmoh, MD - - -
MI ACADEMY OF FAMILY PHYSICIANS
Manuel A. Echandi, MD - - -
MI SOCIETY OF GASTROINTESTINAL ENDOSCOPY
Not Represented
MI SOCIETY OF GENERAL SURGEONS
Donald C. Camp, MD - - X
MI SOCIETY OF INFECTIOUS DISEASE
David B. Martin, MD - - -
MI SOCIETY OF INTERNAL MEDICINE
Ronald L. Vanderlaan, MD - - -
MI ASSOCIATION OF MEDICAL EXAMINERS
Dennis A. Smallwood, DO - - X
MI ASSOCIATION OF NEUROLOGICAL SURGEONS
Steven E. Newman, MD X X X
MI NEUROLOGICAL ASSOCIATION
Steven E. Newman, MD X X X
MI COLLEGE OF NUCLEAR PHYSICIANS
Not Represented
MI SECTION - AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGY
Domenic R. Federico, MD X - X
MI OCCUPATIONAL AND ENVIRONMENTAL MEDICAL ASSOCIATION
James H. Saunders, MD X X X
MI OPHTHALMOLOGICAL SOCIETY
Paul P. Fecko, MD - - -
MI ORTHOPAEDIC SOCIETY
Kenneth S. Merriman, MD X X X
MI OTO-LARYNGOLOGICAL SOCIETY
Not Represented
MI SOCIETY OF PATHOLOGISTS
Edwin M. Knights, Jr., MD - - -
MI CHAPTER - AMERICAN ACADEMY OF PEDIATRICS
Kelley Burnett, DO X - X
MI SECTION OF CLINICAL PHARMACOLOGY & THERAPEUTICS
Not Represented
MI CHAPTER - AMERICAN COLLEGE OF PHYSICIANS
Raymond H. Murray, MD - X -
MI ACADEMY OF PHYSICAL MEDICINE & REHABILITATION
John M. Wardner, MD - - -
MI ACADEMY OF PLASTIC SURGEONS
Vigen Darian, MD X X X
MI PSYCHIATRIC SOCIETY
Not Represented
MI PSYCHOANALYTIC SOCIETY
Not Represented
MI ASSOCIATION OF PUBLIC HEALTH PHYSICIANS
Richard M. Tooker X X X
MI RADIOLOGICAL SOCIETY
Thomas C. Payne, MD X X X
MI SOCIETY OF SLEEP DISORDERS
Lee Marmion, MD - - X
MI SOCIETY OF THERAPEUTIC RADIOLOGISTS
James R. Dolan, MD X X X
MI CHAPTER - AMERICAN COLLEGE OF SURGEONS
Krishna K. Sawhney, MD X X X
MI SOCIETY OF THORACIC AND CARDIOVASCULAR SURGEONS
Allen Silbergleit, MD - X -
MI THORACIC SOCIETY
Robert E. Klimek, MD - - -
MI UROLOGY SOCIETY
Ray H. Littleton, MD - - -
MI VASCULAR SOCIETY
Wayne K. Kinning, MD - - -

■



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Reference Committee Personnel

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Medical Care Delivery
Gregory J. Forzley, MD, Kent, Chair
Archie W. Bedell, MD, Wayne
Arsenio V. DeLeon, Jr., MD, Macomb
Vickers C. Hansen, MD, Manistee
Peter T. Muller, MD, Oakland
Michael J. Parks, MD, Hillsdale
William H. Woodhams, MD, Kalamazoo
Board Advisors
Robert W. Black, MD
Richard P. Horsch, MD
Earl G. Moehn, MD
AMA Delegation Advisors:
Susan H. Adelman, MD
Gilbert B. Bluhm, MD
Staff:
Mary Anne Ford
Joyce A. Nurenberg

REFERENCE COMMITTEE B
Legislation
George C. Hill, MD, Wayne, Chair
Jaime V. Aragones, MD, Oakland
James V. Buzzitta, MD, Kent
Clyde R. Flory, MD, Ingham
Edward C. Bush, MD, Wayne
Edward N. Johnson, MD, Chippewa-Mackinac
Donna Lou Ritter, Kalamazoo
Board Advisors:
Peter A. Duhamel, MD
David H. Gilbert, MD
Krishna K. Sawhney, MD
AMA Delegation Advisors:
Cathy O. Blight, MD
Robert D. Burton, MD
Thomas C. Payne, MD
Staff:
Sandra R. Bitonti
Andrew J. Lott
Donna W. LaGosh

REFERENCE COMMITTEE C
Internal Affairs and Public Service
Murray B. Levin, MD, Oakland, Chair
Edgar P. Balcueva, MD, Saginaw
Rolland E. Bethards, MD, Ingham
W. Archibald Piper, MD, Genesee
Sarla Puri, MD, Kent
Kenneth A. Weinberger, MD, Macomb
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Breast-Conservation Treatment



AT LEAST ONE-THIRD OF ALL BREAST CANCER PATIENTS COULD HAVE LUMPECTOMY FOLLOWED BY RADIATION THERAPY

The American Cancer Society, the American College of Surgeons and the American College of Radiology have agreed that women whose early breast cancer was detected by mammography are candidates for breast-saving treatment. According to new standards, women with small lumps, those with tumors as large as two inches, and even some women with positive nodes may be candidates for this treatment.

Stage for stage, patients treated in this manner have the same longevity and the same freedom from local recurrence as those treated with mastectomy.

For copies of the standards please contact Keri Sperry, American College of Radiology, 1891 Preston White Drive, Reston, VA 22091.

acr

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PO/PHO Case Study Report
Now Available

The PO/PHO Case Study Report of eight POs/PHOs across the U.S. is now available. The Case Study Report, developed by MSMS, AMA and two other state medical societies, contains a foreword by Paul Ellwood, MD, Director of the Jackson Hole Group. The report examines many issues concerning PO/PHO development and operations including the role of the PO, the value of a sophisticated management information system and the importance of a strong medical management system.

"The American Medical Association, together with the Illinois State Medical Association, the Indiana State Medical Association and the Michigan State Medical Society, have done a tremendous job in bringing us this research which is timely, topical and provocative."

-- Paul Ellwood, MD, Director
Jackson Hole Group

Yes! Please send me the PO/PHO Case Study Report.

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(517) 336-5776

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MAIL
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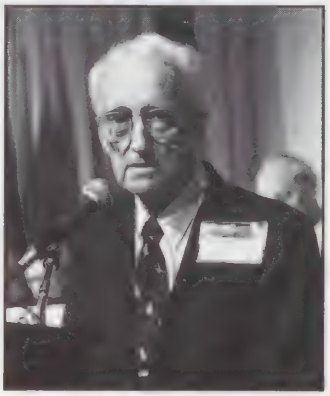
Photo Highlights

Michigan Delegation to the AMA
tackles tough issues at annual meeting

By Judy Marr



Michigan Alternate Delegate Peter A. Duhamel, MD, Rochester Hills, addressed the AMA Annual Meeting House of Delegates June 12-16 in Chicago from a floor microphone. He was discussing a Michigan resolution seeking to prevent hospitals from unilaterally changing medical staff bylaws. The AMA passed a substitute resolution which calls on the AMA to provide legal help to medical staffs in such situations, and when a hospital board denies seats to duly-elected medical staff officers.



Special honors from the AMA House of Delegates went to William F. Beierwaltes, MD, professor emeritus, University of Michigan, who received the 1994 AMA Scientific Achievement Award. Doctor Beierwaltes was selected for his pioneer work in combining surgical and radioiodine therapy for thyroid cancer, for organizing one of the first university programs for training in nuclear medicine and for several investigative contributions in nuclear medicine.

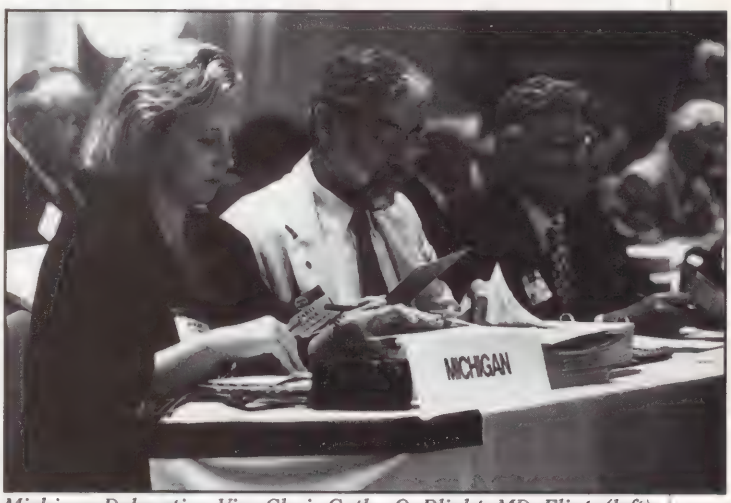


Young Physician Section Alternate Delegate Karl J. Edelmann, MD, Ann Arbor, was active in the national section's meeting prior to the AMA House of Delegates. Observing from her podium behind Doctor Edelmann was AMA YPS Chair Tama D. Abel, MD, also of Ann Arbor.



Wayne County Medical Society President Cecil R. Jonas, MD, (right), met during the AMA meeting with Lonnie R. Bristow, MD, California, AMA Board chair who was chosen AMA president-elect at the meeting.

Judy Marr is manager, MSMS Department of Communications & Professional Relations.



Michigan Delegation Vice Chair Cathy O. Blight, MD, Flint, (left) and Michigan Delegates Louis R. Zako, MD, Dearborn Heights, (middle) and Robert E. Paxton, MD, Fremont, (right) focused intently on AMA House debate on a variety of issues from health system reform to AMA support of a space station. Twenty-two Michigan delegates and alternates attended the Chicago meeting.

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Guest Quarters, Troy

August 4, 1994 6:00 p.m. - 9:00 p.m.
WMU Regional Center, Grand Rapids

August 10, 1994 6:00 p.m. - 9:00 p.m.
Campus Inn, Ann Arbor

August 24, 1994 2:00 p.m. - 5:00 p.m.
Burns Clinic, Petoskey

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Holiday Inn, Flint

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- Explore the challenges and opportunities physician organizations have faced in organizing and operating their PO.
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- ☐ July 27 - Guest Quarters, Troy
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- ☐ August 31 - Holiday Inn, Flint

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MEETINGS

MSMS Meetings

July

14-17, MSMS Midsummer Board of Directors Meeting, Grand Hotel, Mackinac Island. Contact MSMS Executive Director William E. Madigan at (517) 337-1351.

15-24, MSMS/American Russian Medical Xchange (ARMX) International Health Care Forum and Sports Medicine Symposium. Moscow and St. Petersburg, Russia. Contact ARMX office in Lansing at (517) 487-5110.

27, Organizing For Change: Physicians and Private Sector Reform Initiatives. Guest Quarters, Troy. Contact Shannon Stockwell at (517) 336-5776.

August

4, Organizing For Change: Physicians and Private Sector Reform Initiatives. WMU Regional Center, Grand Rapids. Contact Shannon Stockwell at (517) 336-5776.

10, Organizing For Change: Physicians and Private Sector Reform Initiatives. Campus Inn, Ann Arbor. Contact Shannon Stockwell at (517) 336-5776.

23, 24, Emerging Trends and Future Directions in Health Care Information Systems. 23, Troy; 24, Traverse City. Contact Roberta Lott at (517) 336-5767.

24, Organizing For Change: Physicians and Private Sector Reform Initiatives. Petoskey (site to be announced). Contact Shannon Stockwell at (517) 336-5776.

31, Organizing For Change: Physicians and Private Sector Reform Initiatives. Holiday Inn, Flint. Contact Shannon Stockwell at (517) 336-5776.

September

8, 16, When You're On the Line: Telephone, Reception and Scheduling Techniques for Today's Front Office Staff. 8, Kalamazoo; 16, Traverse City. Contact Robert Lott at (517) 336-5767.

9-10, Discover the Power of Leadership! Plus: Public Speaking and Medical Presentation Skills. Dearborn. Contact Roberta Lott at (517) 336-5767.

13, 1994 Supervisory Skills Series: "Mastering the Art of Medical Office Management. Session II: Resolving Patient and Personnel Conflicts with Finesse. Novi. Contact Roberta Lott at (517) 336-5767.

13, 14, 27, 29, Closed Claim Review Sessions for Pediatrics. 13, Treasure Island, Saginaw; 14, Novi; 27, WMU Regional Center, Grand Rapids; 29, MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

14, MSMS Board of Directors Meeting, MSMS headquarters, East Lansing. Contact MSMS Executive Director William E. Madigan at (517) 337-1351.

15, 19, The Office Staff and Professional Liability. 15, Traverse City; 19, MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

16-17, Masters Series II, PO/PHOs: Up and Running Across the USA. Ritz Carlton, Dearborn. Contact Shannon Stockwell at (517) 336-5776.

19, MSMS Alliance Board Meeting, East Lansing. Contact Dawn Reha at (517) 336-7589.

21, MSMS Committee on Concerns of Women Physicians Domestic Violence Forum, Michigan Library and Historical Center, Lansing. Contact Stacy Kohmetscher at (517) 336-5755.

28, 29, Risk Management Clinical Conferences for Professional Liability and Laparoscopic Abdominal Procedures. 28, Novi; 29, Grand Rapids. Contact Debra Metro at (517) 336-5769.

29-October 1, Masters Series II, Physician Executive Leadership Institute. University of Michigan School of Public Health, Ann Arbor. Contact Shannon Stockwell at (517) 336-5776.

October

3, 11, 12, 18, 29, Closed Claim Review Sessions for Internal Medicine. 3, WMU Regional Center, Grand Rapids; 11, Treasure Island, Saginaw; 12, Novi; 18, MSMS Headquarters, East Lansing; 29, Novi. Contact Debra Metro at (517) 336-5769.

3, 11, 13, The Office Staff and Professional Liability. 3, Grand Rapids; 11, Saginaw; 13, Novi. Contact Debra Metro at (517) 336-5769.

6-9, MSMS/Society for Professional Well-Being National Conference "Being Well: Fostering Effective Relationships." Ritz Carlton, Dearborn. Contact MSMS at (517) 336-5738.

12, Coding Clinic for Specialties (Surgical). Detroit. Contact Roberta Lott at (517) 336-5767.

17, 21, The Exceptional Medical Assistant. 17, Grand Rapids; 21, Dearborn. Contact Roberta Lott at (517) 336-5767.

19, 20, Risk Management Clinical Conferences, Diagnosis and Management of Cervical Abnormalities. 19, Novi; 20, Grand Rapids.Contact Debra Metro at (517) 336-5769.

Continued on next page

Continued from previous page

19-23, American Society of Anesthesiologists House of Delegates, San Francisco, California. Contact Caroline Kimmel at (517) 336-7585.

21-22, Masters Series II, Managed Care: Retooling for a New Era. Amway Grand Plaza Hotel, Grand Rapids. Contact Shannon Stockwell at (517) 336-5776.

26, Practice Parameters Update. MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

27, Fundamentals of Risk Management. Kalamazoo. Contact Debra Metro at (517) 336-5769.

November

2, 1994 Supervisory Skills Series: "Mastering the Art of Medical Office Management. Session III: Creating a Great Place to Work. Novi. Contact Roberta Lott at (517) 336-5767.

3-4, MSMS Annual Scientific Meeting. The Dearborn Inn, Dearborn, MI. Contact Sarah Cressman at (517) 336-5727.

8, 9, 15, 16, Closed Claim Review Sessions for Obstetrics/ Gynecology. 8, Treasure Island, Saginaw; 9, Novi; 15, WMU Regional Center, Grand Rapids; 16, MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

10, Fundamentals of Risk Management. Wayne County Medical Society, Detroit. Contact Debra Metro at (517) 336-5769.

15, Risk Management Clinical Conferences for Professional Liability and Breast Cancer. Novi. Contact Debra Metro at (517) 336-5769.

16, MSMS Board of Directors Meeting. MSMS headquarters, East Lansing. Contact MSMS Executive Director William E. Madigan at (517) 337-1351.

17, 22, 28, 29, 30, Closed Claim Review Sessions for Office Staff. 17, Muskegon; 22, Grand Rapids; 28, East Lansing; 29, Novi; 30, Petoskey. Contact Debra Metro at (517) 336-5769.

December

1, Closed Claim Review Sessions for Office Staff. Petoskey. Contact Debra Metro at (517) 336-5769.

2, Risk Management Mock Trial. Novi. Contact Debra Metro at (517) 336-5769.

6,7, The Office Staff and Professional Liability. 6, Kalamazoo; 7, Muskegon. Contact Debra Metro at (517) 336-5769.

8, 13, 14, 1995 Medicare Update. 8, Saginaw; 13, Novi; 14, Grand Rapids. Contact Roberta Lott at (517) 336-5767.

AMA Meetings

December

4-7, AMA Interim Meeting. Hawaii. Contact: Judy Marr, Manager, MSMS Depart. of Communications & Professional Relations, at (517) 336-5744.

Michigan Specialty Society Meetings

August

5, Michigan Society of Respiratory Care House Meeting, East Lansing. Contact Caroline Kimmel at (517) 336-7585.

September

14, Michigan Association for Medical Education, University Club, East Lansing. Contact Viola Heins at (517) 336-7586.

21-25, Michigan Society of Internal Medicine, Grand Traverse. Contact Caroline Kimmel at (517) 336-7585.

October

5-8, Michigan Society of Respiratory Care Fall Conference, Gaylord. Contact Caroline Kimmel at (517) 336-7585.

November

2, Michigan Dermatological Society, Wayne State University, Detroit. Contact Dawn Reha at (517) 336-7589.

10, Michigan Medical Group Managers Association Fall Meeting, Grand Rapids. Contact Caroline Kimmel at (517) 336-7585.

December

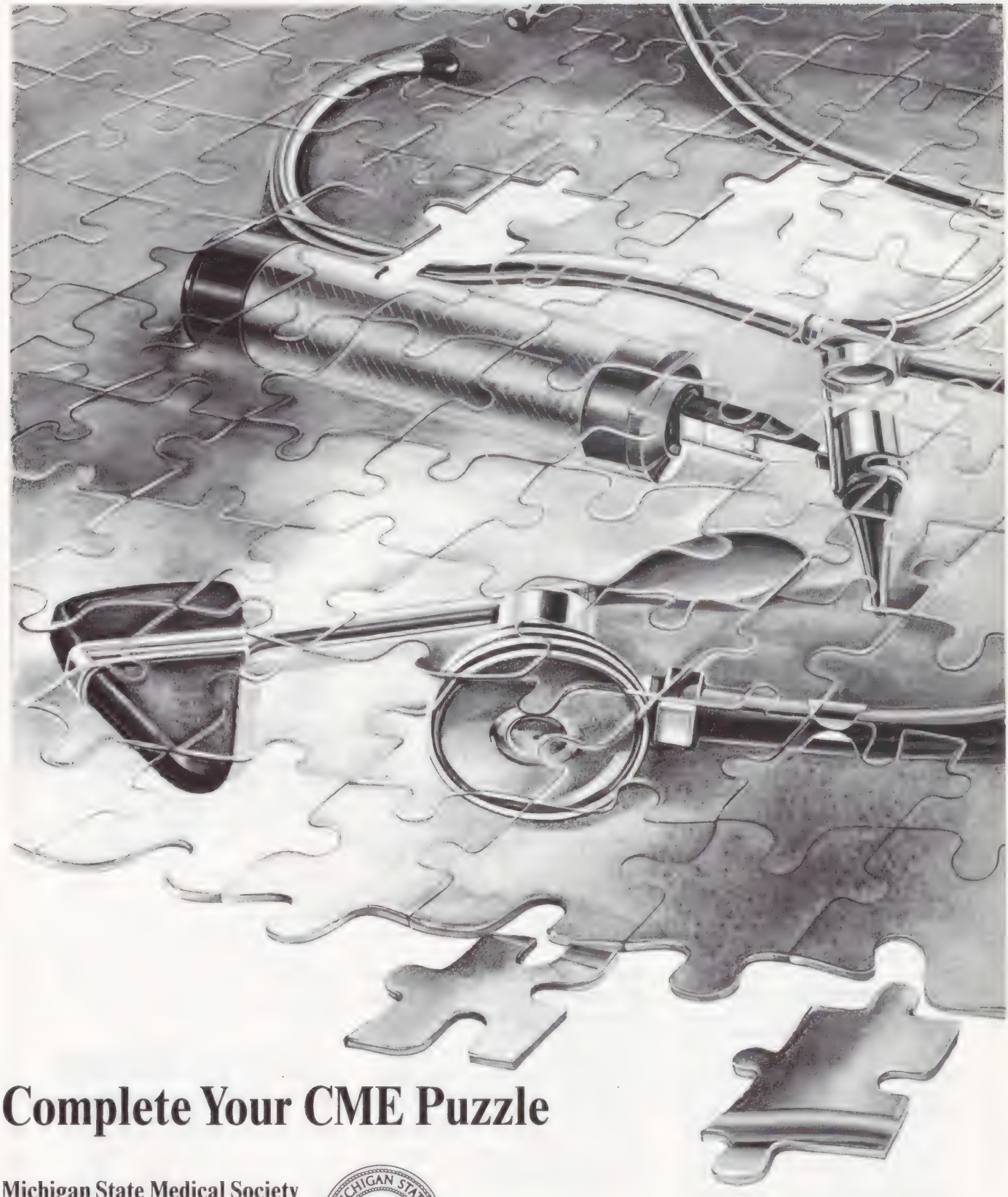
2, Michigan Society of Respiratory Care House Meeting, East Lansing. Contact Caroline Kimmel at (517) 336-7585.

National Specialty Society Meetings

October

2, American Medical Association Alliance Conference I. Contact Dawn Reha at (517) 336-7589.

6-9, American Society of Internal Medicine House of Delegates, Dallas, Texas. Contact Caroline Kimmel at (517) 336-7585. ■



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CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physican can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

July

15-17, Practical Management Problems in Gastroenterology for the Primary Care Physician. Location: Grand Traverse Resort Village, Grand Traverse Village, Michigan. **Sponsor:** University of Michigan Medical School, Division of Gastroenterology, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313 763-1400. **Approved for:** 10.5 hours of Category I Credit.

17-19, 8th Annual Symposium on Breast Disease: Diagnostic Imaging and Current Management. Location: Shanty Creek Resort, Bellaire, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 15 hours of Category I Credit AMA, 15 hours of Category 2A Credit AOA, 14 hours credit ACOG.

19,26, Bar-Levav Educational Association Ongoing Seminar Series: "Overcoming Personal Resistance to Professional Writing." Contact: Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, Michigan 48075, (313) 353-5333. **Approved for:** 4 hours Category I Credit.

21-24, 20th Annual Mackinac Island Course: Advances in the Management of Infectious Diseases. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Division of Infectious Diseases, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 13.0 hours of Category I Credit, 13.0 hours of Category 2A Credit, AOA

27-28, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 12.25 hours of Category I Credit.

28-29, 74th Annual Coller Penberthy Thirlby Medical Conference. Location: Park Place Hotel, Traverse City, Michigan. **Sponsor:** Munson Medical Center and Medical Staff. **Contact:** Paula Parshall, Medical Education, Munson Medical Center, 1105 Sixth Street, Traverse City, Michigan 49684-2386, (616) 935-6546. **Approved for:** 9-13 hours of Category I Credit.

28-31, 18th Annual Scientific Meeting of the University of Calcutta Medical Association of America. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Calcutta Medical Association of America. **Contact:** Sajal Choudhury, MD, (313) 246-6946. **Approved for:** 8 hours of Category I Credit.

29, Coloscopy Update. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 7.25 hours of Category I Credit.

30, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 6.25 hours of Category I Credit.

August

7-10, Internal Medicine Update. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA.

12-13, Colonoscopy/Common Anorectal Disorders/Hemorrhoid Treatment. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 12.25 hours of Category I Credit.

12-13, Endoscopic Sinus Surgery. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 16.5 hours of Category I Credit, 16.5 hours of Category 2A Credit, AOA.

14, Comprehensive Sinus Surgery. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 8.0 hours of Category I Credit, 8.0 hours of Category 2A Credit, AOA.

15-20, Pediatric Board Review. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Michigan Association of Pediatric Program Directors, Michigan Chapter, American Academy of Pediatrics. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 55.0 hours of Category I Credit, 55.0 hours of Category 2A Credit, AOA.

19-20, Sclerotherapy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 11.25 hours of Category I Credit.

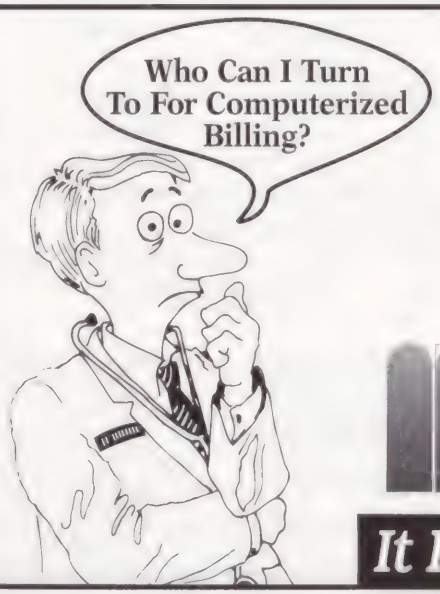
19-21, Cardiology Update. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA.

September

8-9, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 12.25 hours of Category I Credit.

8-9, Critical Clinical Issues in the Care of the Elderly: Maintaining and Improving Mobility. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Veterans Affairs Medical Center, Ann Arbor, Department of Veterans Affairs, Cleveland, Regional Medical Education Center. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA

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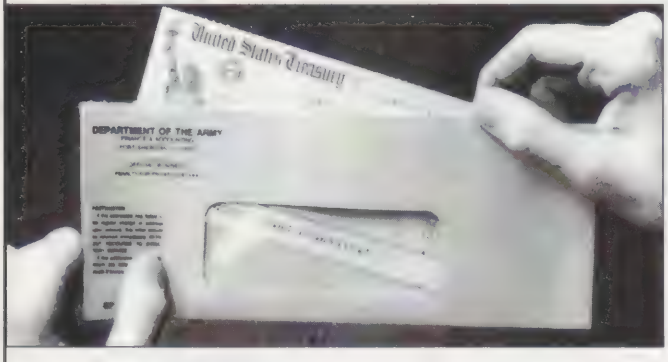
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ADVERTISING INDEX

American College of Physicians 41
Binson's Hosp. Equipment 35
Cellular One 25
Civitec 63
CompHealth 29
Curare 75
DMC Health Centers 74
Doctor Chioda 77
Doctors Billing Service 77
Harper Associates 75
HCFA 1500 30
Jeremy Cay 56
Meadowbrook ..... IBC
Medical Billing Corp. 73
Medical Billing Service 2
Mercer & Co. 26
MI Dept. of Public Health 42
MPMLC ..... BC
MSMS Group Insurance Trust 48
MSMS Physician's Law Guide 6
My Doctor, My Choice 31
North Memorial 76
Pain Institute 27
Palisades Pharm 56
PC Medical 35
Physician Service Group 1
Physicians Leasing 33
Physicians Practice Mgt. 28
PICOM ..... IFC
Premier 32
Professional Practice Sales 76
Rehab Institute 38
Roche 11
T. Rowe Price 17
Three Rivers 54
Transnational 4
Sisters of St. Joe 78
St. Francis, Inc. 79
St. Luke's 47,77
Stratton Cheeseman & Walsh 44
Strelchek & Assoc. 75
Three Rivers 78
US Army 78
War Memorial 65

Continued from page 80

Is MSMS running away from the issue of physician-assisted suicide?

No other organization, including the American Medical Association, has spent more time and energy discussing this issue. MSMS brought more than 20 diverse groups together for 18 months of meetings at MSMS headquarters to discuss the issue. We have debated it for many hours at the past three House of Delegates meetings. As a diverse organization we have struggled with the issue, just as society struggles. But we are leading the discussion and debate, not hiding from it.

With our statement, physician members of the Michigan State Medical Society have reaffirmed their Hippocratic Oath to support their patients to the fullest; not to abandon them during their terminal illness, but to relieve their pain and suffering; to withdraw and/or withhold futile treatmentif so requested; and to ease their final passage. ■

Doctor Barry is MSMS president.

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PRESIDENT'S PAGE

What is the MSMS policy on physician-assisted suicide?

By Jack L. Barry, MD

Physicians and patients often ask me to clarify the Michigan State Medical Society's current policy on physician-assisted suicide. It's not all that simple to do.

I think an effective way for me to get it across is through dialogue, as if being questioned by a persistent reporter. I think you'll find the following questions and answers helpful.



What is the MSMS policy on assisted suicide?

The MSMS policy on physician-assisted suicide is to oppose any legislation regarding physician assisted suicide, one way or the other.

Why is that?

MSMS does not support legislation one way or the other because decisions about these complex and difficult issues should be made among the physician, the patient and the patient's family. They should not and cannot be legislated because of the unique circumstances surrounding each case. We want nothing to come between Michigan physicians and their patients.

What about the MSMS statement on physician assisted suicide that was adopted at the 1993 House of Delegates and reaffirmed at the 1994 House?

In summary, the statement does not endorse physician assisted suicide. It endorses alternatives that, when followed properly by physicians and patients, would result in very few requests for physician assisted suicide. This strongly pro-active statement leaves all medical decisions up to the physician and patient, where they belong.

So does your policy allow physician-assisted suicide in some cases?

Our policy statement does not say that physician assisted suicide is allowable in some cases. It says only that the most pressing circumstances, if any at all, can justify abandoning the very basic principles of the physician's traditional role of healing and relief of suffering.

Doesn't that mean it's okay then?

We believe that if all of the alternative efforts we support are carried out to the fullest, there will be extremely few requests for assisted suicide.

But what about those extremely few cases? Is it okay then?

In the extremely rare case, our policy statement would leave treatment options up to the patient and his or her attending physician, as they always have been.

So it's okay sometimes?

After hundreds of hours of debate on this issue, the Michigan State Medical Society House of Delegates has resisted the temptation to issue a firm, one-sided statement that would have had the effect of over-simplifying a very complex discussion and branding as unethical one subgroup of its members who had made a thoughtful and conscientious value choice.

That sounds very nebulous. What does it mean?

Simply put, the issue of physician assisted suicide is not a no-brainer. If it was a no-brainer, it would have been settled long ago. This will take on-going, thoughtful discussion. There are no easy fixes.

So right now, is MSMS neutral on physician-assisted suicide?

The MSMS statement on physician assisted suicide is a statement of inclusion. There's room within it for a variety of positions and perspectives. It contains nine points of consensus with which physicians on both sides agree. Any disagreements are extremely narrow. No one is suggesting support for a wide open Kevorkian-style policy.

Continued on page 79

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AUGUST 1994
VOL. 93, NO. 8

Award-Winning Journal of the Michigan State Medical Society

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MSMS Alliance Targets Gun Safety Awareness

Women in Medicine: Spotlight on MSMS Committee

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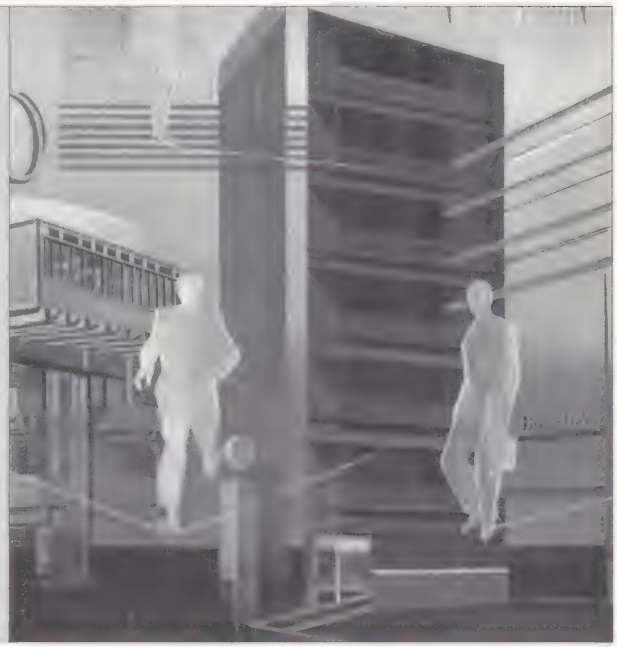
MICHIGAN MEDICINE

AUGUST 1994 VOLUME 93, NO.8

Award-Winning Journal of the Michigan State Medical Society

COVER STORY

Regardless of what becomes of federal health care reform initiatives, major structural changes in health care already are occurring in Michigan. So says Gordon S. White, Jr., a Lansing-based management consultant. According to White, the rapid growth in health care costs over the past decade has caused employers to become more aggressive in identifying and implementing strategies to reduce those costs. A key strategy, according to White: the formation of business coalitions. As purchasers of health care, business coalitions could have an enormous affect on physicians' practices. This month's cover story explores the emergence of business coalitions in Michigan and profiles one Lansing coalition in depth. Also included is a description of the recently-launched MSMS/County Medical Society Business Health Care Coalitions Program. **Page 14**



OTHER KEY ARTICLES

12

A Review of the Health Status of Michigan's Citizens

An update on health risk behaviors.

By Julie Lester

25

MSMS Alliance targets gun safety awareness

By Jennifer Anibal

27

Women in Medicine

The first in a series of articles by the MSMS Committee on Concerns of Women Physicians.

By Tama D. Abel, MD

29

An urgent request from MPMLC

Expert witnesses needed.

By Thomas C. Payne, MD

31

Board of Medicine Actions

DEPARTMENTS

5 Soundoff!

7 MSMS On the Move

9 Risk Management Exchange

33 New Members

37 Category I Courses

48 Meetings

50 Classifieds

55 Advertising Index

56 President's Page

In next month's issue:

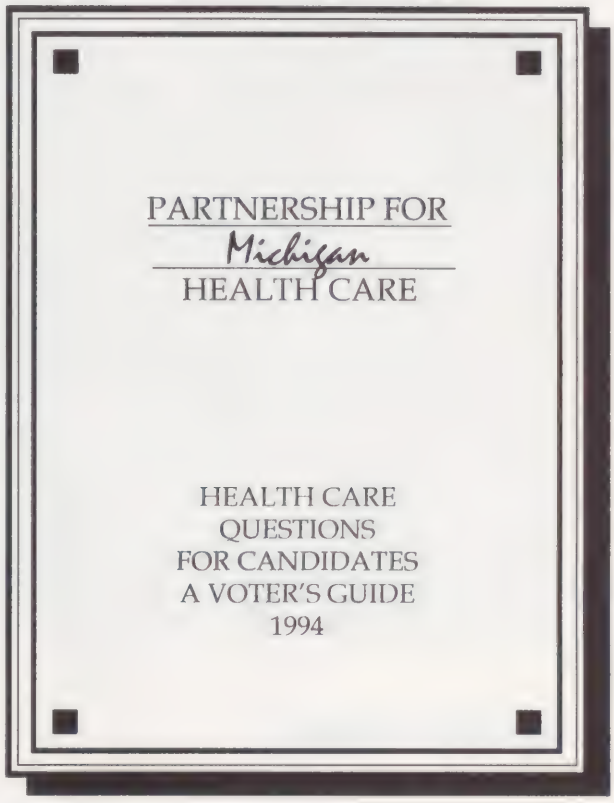
An update on major third party payers

Cover illustration by:

Robert L. Brent

New "Voter's Guide" to Health System Reform available FREE from MSMS

Arm your patients with
the right questions to ask candidates
about pending health system reforms



A new 12-page booklet, "Health Care Questions for Candidates: A Voter's Guide," is now available free from MSMS. The booklet contains a list of the top 10 questions voters should ask candidates for state and national offices to determine their positions on various aspects of pending reforms. The guide also contains impartial background information on each question.

The guide was developed by MSMS and the other members of the Partnership for Michigan Health Care, a coalition of statewide organizations concerned about all aspects of health care.

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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

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Don't be a party to rationing medical care

By Carl A. Gagliardi, MD



This week I returned to my birthplace, New Haven, Connecticut, to attend the funeral of my oldest living brother. My mother bore eight boys and one girl, and now there are only three. We were a fortunate family because we had a great mother who kept us together when our father died at a very early age. Our family was filled with love, and I loved my brother.

Why should I be writing about this? It's so private and so personal, yet I must put my thoughts on paper.

When I returned from Connecticut, the June 1994 issue of *Michigan Medicine* awaited me, and as always, I read it with relish. I was especially interested in the articles on "Health Care for the Elderly." The statistics show that more of us are living longer and that seniors are making up a greater proportion of the population. It's clear that not only are people living longer, they're staying healthier longer as well, and most are contributing to society in a positive way. All of this can be attributed to the tremendous strides that have been made in Medicine and the dedication of physicians in serving their patients. We are surely better off than when life expectancy was 45 years or thereabout.

My brother had a coronary at age 71. Fortunately he received excellent care, including a triple bypass graft, and he continued to live happily and in good health for an additional nine years. He may not have been so fortunate had he been under the care of Richard Bates, MD, who stated in his article ("Let my People go," June, 1994 *Michigan Medicine*, page 40) that "After age 80, I oppose any treatment of hyperglycemia, hypercholesterolemia and hypertension." Quoting further from Doctor Bates, "Nor is there much reason for exercise tests, coronary catheterization and arteriograms of any sort after age 70." Are there no exceptions or qualifications? It very much sounds to me like rationing health care as a means of cost control.

At age 72 I experienced my first cardiac symptoms. After a complete work-up, including cardiac catheterization and arteriography, I underwent a quadruple bypass graft and have had an uneventful

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recovery. In the intervening one-and-one-half years since those talented doctors evaluated and treated me, even though I was over 70 years of age, I have been on two foreign vacations, one a cruise through the Baltic Sea from London to St. Petersburg and back, and the other a cruise from Hong Kong to Kobe, Japan, via Shanghai, Dalian and Beijing, China, Pusan, South Korea and Nagasaki. I even climbed the Great Wall! I have traveled to Florida twice as well and had returned to Michigan on three occasions since my surgery. I continue to be active on the board of directors of the parochial school my granddaughter attends, enjoy concerts at the Kennedy Center regularly, and I continue to pay my taxes.

I sincerely hope that we never cease to search for newer methods for prolonging healthier lives because it costs too much. Arbitrary barriers and guidelines should never be put in place to determine who shall and who shall not receive any given medical diagnostic aid or treatment. I finished my active medical career as a senior vice-president and director of medical education at Oakwood Hospital in Dearborn, Michigan. In that capacity I instructed our residents that I did not want to hear that some medical treatment or other was omitted or discontinued because it cost too much. On the other hand, if a procedure would only serve to prolong suffering without any hope of success, then it was acceptable for them to assist a family in making a decision to discontinue useless treatment. That is my idea of living by the Hippocratic Oath. ■

"I sincerely hope that we never cease to search for newer methods for prolonging healthier lives because it costs too much. Arbitrary barriers and guidelines should never be put in place to determine who shall and who shall not receive any given medical diagnostic aid or treatment."

Doctor Gagliardi served as chairman of the MSMS Board of Directors in 1985-1986 and as president of MSMS in 1987-1988. He is a retired pediatrician now living in Maryland.

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Help your patients ask election candidates the right questions about health system reform. A new 12-page booklet, "Health Questions for Candidates: A Voter's Guide," is available free from MSMS. The booklet contains a list of the top 10 questions voters should ask candidates for state and national offices to determine their positions on various aspects of pending reforms. The guide also contains impartial background information on each question. The guide was developed by MSMS and the other members of the Partnership for Michigan Health Care, a coalition of statewide organizations concerned about all aspects of health care. For free copies to distribute to your patients, please call Bridgett Benton at MSMS at 517-336-5747.

"1994 Physician's Guide to Michigan Law and Medical Practice Resources" available

The new expanded second edition of the "Physician's Guide to Michigan Law and Medical Practice Resources" is available from MSMS. It's an updated version of the 1992 guide published by MSMS and MPMLC. Prepared by MSMS legal counsel, the guide presents citations of Michigan law under 86 categories pertaining to the practice of medicine. New entries update the Michigan licensure and discipline laws, antitrust revisions affecting physician organizations, domestic abuse statutes, and other new legal developments. The 150-page book will be mailed free to every paid MSMS member, with additional copies available for $35 to members and $95 to nonmembers. To order, call Judy Marr at MSMS at 517-336-5744, or use the order form on page 36.

Leadership institute to teach health services management

A unique three-day leadership conference to be held in September will teach doctors about health services management. Experts in health services management and health care finance will cover a lot of ground: issues in insurance and capitation; applications of health finance; and an overview of the evolving health care organization. The Sept. 29-Oct. 1 Ann Arbor conference is cosponsored by MSMS, the Michigan Physicians Mutual Liability Company, and the University of Michigan School of Public Health. Call Julie Lester at MSMS at 517-336-5768 for details, or Deb Metro at 517-336-5769 to register.

MSMS is national well-being conference cosponsor

MSMS is cosponsoring a national conference in October that will help doctors learn more about their personal well-being as members of the medical profession. "Being Well: Self Care for Health Care Reform" is set for Oct. 6-9 in Dearborn. MSMS will cohost this in conjunction with the Society for Professional Well-Being. Doctors will hear about basic self-care skills, using humor as a personal resource, facing the fear of financial reform and values in career choice and patient care. Call Marge Harrison at the Society for Professional Well-Being at 1-800-473-5880 for conference details, or to register.

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517-337-1351.

The Benefits of Membership



The availability of comprehensive insurance coverage is just one of the many benefits of Michigan State Medical Society membership. Over the years, MSMS, through its affiliated insurance agency, Stratton, Cheeseman & Walsh has been able to offer many cost-effective insurance programs. With Stratton, Cheeseman & Walsh's three decades of experience, MSMS members can deal with them in confidence.

Designed especially to meet the diverse needs of today's physicians, MSMS members have access to quality, group life, disability, business overhead protection and accidental death coverage. Employee group life and disability plans are also available.

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Why not join the several thousand MSMS members who currently enjoy the benefits of membership and call Stratton, Cheeseman & Walsh at 1-800-968-4929 and put your membership to work for you.

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MICHIGAN STATE MEDICAL SOCIETY
INSURANCE PROGRAMS



Medical Records Maintenance

Answers to your questions

By Julie Smith

Q: Am I obligated to release copies of other physicians' medical records contained in my patients' medical records?

A: In Michigan, a patient is entitled to inspect, or receive for a reasonable fee, a copy of his or her medical record upon request. While the medical record is owned by the physician or hospital, this right of ownership may not serve to deny patients a right of access to the information or a right to receive copies of their medical records which are in the possession of a physician or hospital. If a patient requests that copies of his or her entire medical record, including any records from other facilities or practitioners, be released, the physician is obligated to release the records created within his practice as well as any records from other practitioners contained within the medical record. To eliminate unnecessary copying, it may be helpful to verify with the patient or requesting attorney that the records from other providers are to be included. Keep in mind that a reasonable fee may be charged for copying medical record information.

Q: When a subpoena is received which requests the *original* medical record, how should the physician respond?

A: Generally, medical record requests, such as those originating from Record Copy Service, will state that the *original* medical record is to be sent. If the original is released, there is always a chance the recipient will misplace the information, preventing its use in maintaining continuity of care or defending a practitioner in a medical malpractice lawsuit. *Copies* only should be released. In the event the requesting party must have the original, it should be hand-carried by messenger from your office, with the messenger waiting for the record. If the receiving party needs the record for a longer period of time, contact your attorney to discuss the situation and obtain further instructions.

Q: What should be documented in the medical record if previous medical care is of questionable quality?

A: Differences of opinion and inconsistencies in practicing medicine will often be reflected in the medical record. However, derogatory statements related to other practitioners and critical notations regarding previous care which contribute nothing to the patient's needs commonly contribute to malpractice claims, even if no negligence occurred. All too often, these judgements are memorialized into the medical record without the complete information from which an accurate assessment can be formed.

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Continuity of care should be the key thought when determining the content of an entry into the medical record - what information will you and/or other practitioners need in the future to recall the patient's condition and treatment and what information is necessary to provide necessary on-going care? Accurately and objectively state the patient's condition and describe your course of treatment using a systematic approach (such as the SOAP format) to maximize the potential for a thorough medical record entry.

"SOAP" FORMAT

S: SUBJECTIVE DATA: Patient's complaints and symptoms and their duration

O: OBJECTIVE DATA: Diagnostic and therapeutic findings

A: ASSESSMENT: Impression(s) or diagnosis based on available information

P: PLAN: Details of treatment rendered, patient's reaction, future treatment plans, related educations/communication

The progress notes represented by the SOAP acronym are always written together, and the portions represented by each letter are not used independently.

Q: How can one avoid the possibility that corrected entries in the medical record may be perceived as an attempt to alter the information?

A: Impressions that the record has been tampered with may severely damage the credibility of the record and the defensibility of the physician. However, medical record errors are inevitable and efforts to correct them can be construed as such an attempt unless performed appropriately.

Information in the medical record should never be deleted, obliterated or altered after the fact, unless done in an manner which does not give a fraudulent appearance. For example, all errors should be corrected by drawing a single line through the error, ensuring that the original information is still visible, and noting this as an error with the date and author's initials written nearby. The correct information should then be recorded legibly.

Often, important information is inadvertently omitted and an addendum to a previous medical record entry is necessary. Addenda should never be used to state opinions, perceptions or defenses, but may be used to document information previously thought to be irrelevant prior to reevaluation of the case or after additional information has been received. Addenda may be perceived as attempts to falsify or change the record for "self-serving" purposes, especially when added after an adverse outcome. Too often, self-serving becomes self-incriminating. If it is determined that potentially valuable information has been excluded from the medical record after an adverse outcome or initiation of a claim of malpractice, you should consult your professional liability insurance company prior to making any entries. ■

Julie Smith is chief of risk management for MSMS.

Have a Question About Risk Management? *MSMS can help you*

Michigan Medicine is pleased to feature Risk Management Exchange — a regular column which offers answers to physicians' questions about risk management. All questions and answers are reviewed by MSMS legal counsel, Richard D. Weber, of Kerr, Russell and Weber, Detroit, prior to publication. If you would like to submit questions for publication in this column, contact Julie Smith at MSMS (517) 336-5757.

Physicians Are Our Specialty!



Specializing in the needs of physicians, the Michigan State Medical Society's Group Insurance Trust is continually expanding its member benefit programs. Health, dental, disability, life, accident and now long term care plans are available through the MSMS Group Insurance Trust.

In addition to disability, life and accident coverage the GIT now offers over twenty different health and dental plans, all designed to provide a wide variety of cost effective choices. These plans offer both individual and group options designed especially for physicians, their families and their employees.

Our experiences staff specializes in being responsive to the needs of our member physicians by providing individualized customer service to each and every subscriber. Confirmation of benefits, employee meetings and regular communication through monthly newsletters and supplemental informational mailings are just a few examples of the assistance provided by the staff of the MSMS Group Insurance Trust.

Call the GIT today for a comprehensive comparison to your existing health, dental, disability, life, accident or long term care program.

Remember, physicians are our specialty!

For more information about available programs, call 1-800-748-0195 today.

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1994 update on health risk behaviors

By Julie Lester

In November 1993, MSMS released *A Review of the Health Status of Michigan's Citizens,* a report which compiled information from a variety of sources on factors affecting health status. As discussion of health system reform was beginning, this study was intended to expand the discussion beyond system structure, financing and administration to include the impact of chronic disease, poverty, substance abuse, lifestyle and the environment.

One source cited in the study was the Michigan Behavioral Risk Factor Survey (BRFS), an annual report by the Michigan Department of Public Health (MDPH) that monitors the progress towards achieving some of the Healthy People 2000 national objectives. Since the health status study was released, MDPH has released another BRFS report for 1992.

The BRFS is a representative, state-wide telephone survey of Michigan residents 18 years and older, and currently consists of approximately 200 interviews per month which deal with key health risk behaviors.

As with the original health status study, this updated information is provided to physicians so that they can share relevant details with state legislators, congressional representatives, community leaders, media and consumer groups when discussing health problems and health system reform.

Cardiovascular Disease Risk Factors

Only 18.4 percent of the 1992 Michigan adult population was estimated to have none of the following risks for cardiovascular disease: cigarette smoking, high blood pressure (ever told), high cholesterol (ever told), physical inactivity (sedentary lifestyle), overweight, or diabetes (ever told). It was estimated that 5.5 percent had four or more of these risks.

- One-quarter (25.5 percent) of the 1992 BRFS respondents reported that they currently smoked cigarettes and 26.8 percent reported that they formerly smoked cigarettes. Analysis of BRFS data since 1987 did not reveal any indication of a linear decline in the prevalence of smoking among Michigan adults.
- Ninety-five percent (94.8 percent) of the 1992 respondents reported that they had their blood pressure checked within the previous two years, and 23.2 percent of all respondents had ever been told by a

health professional that they had high blood pressure. The proportion of respondents who reported having been told that their blood pressure was high has remained approximately the same in Michigan since 1987.

• Seventy percent of respondents reported that they had had their cholesterol checked. The proportion of respondents who reported never having had their cholesterol checked has decreased 12.4 percentage points since 1988. In 1992, 26.8 percent of those who reported to have had their cholesterol checked had been told by a health professional that their cholesterol level was high.

• Nearly one-quarter (24.5 percent) of 1992 respondents reported that they had engaged in no leisure-time physical activities during the previous month, and 54.8 percent of respondents were classified as *not* having engaged in regular leisure-time physical activities during the previous month (three or more 20-minute sessions per week).

• Nearly thirty percent (29.2 percent) of the 1992 BRFS respondents were classified as being overweight. Analysis of Michigan BRFS data from 1987-1992 indicates that there has been a significant linear increase in the prevalence of overweight citizens in Michigan; since 1987, there has been a 6.5 percentage point increase in the proportion of BRFS respondents who were overweight as defined by body mass index.

> "As with the original health status study, this updated information is provided to physicians so that they can share relevant details with state legislators, congressional representatives, community leaders, media and consumer groups when discussing health problems and health system reform."

Women's Cancer Screening

• Eighty-two percent of women 40 years and older reported that they had at least one mammogram, but only 59.9 percent of women in this age group reported having had their last mammogram in accordance with the American Cancer Society's recommendation for screening mammography (i.e., within two years for women 40-49 years old and within one year for women 50 years and older). Between 1991 and 1992 there was a significant increase in the proportion of women 40 years and over who had ever had a mammogram; however, the proportion of women in this age group who reported having appropriate mammography screening did not significantly increase since 1991.

• Most female respondents (94.2 percent) reported that they had ever had a Pap test. However, approximately 17 percent of all female respondents reported that they had not had a Pap test in the previous three years.

Alcohol Use

• Based on the definition of 60 or more drinks per month, 4.7 percent of respondents were classified as heavy drinkers. Four percent (3.8 percent) of the respondents reported that in the previous month they had driven after perhaps having too much to drink, and 18.6 percent had consumed five or more drinks per occasion at least once in the previous month.

Injury Control

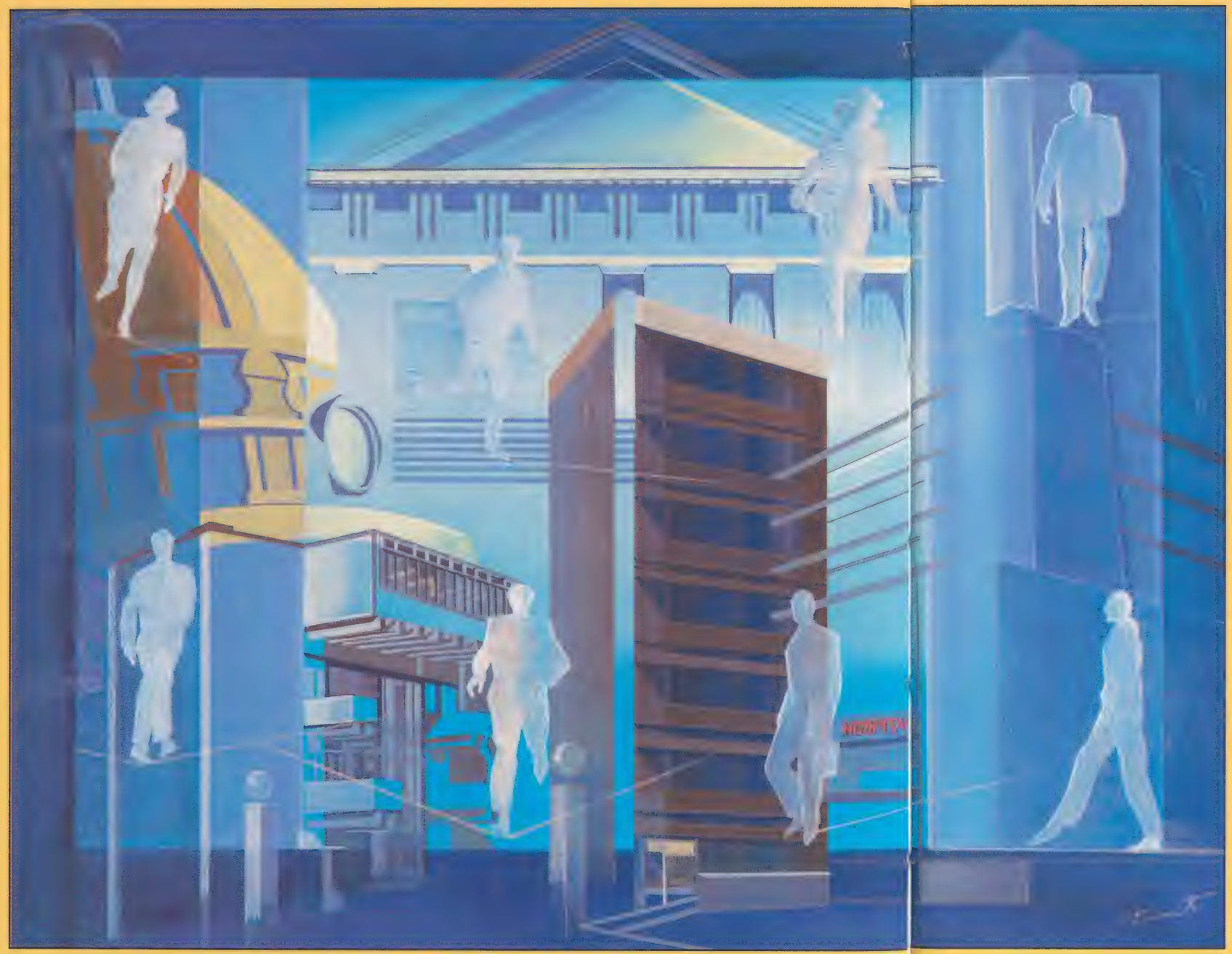
• Sixty-six percent of the 1992 respondents reported that they always wore their safety belt while driving or riding in a car and 18.6 percent reported that they nearly always wore their safety belt. Since 1987, there has been a 9.5 percentage point decrease in the proportion of BRFS respondents who reported that they wore their safety belts sometimes, seldom, or never.

AIDS Awareness

• Most respondents (94.5 percent) thought that a pregnant woman who had AIDS could give it to her baby and 42.9 percent thought that a person could get infected with AIDS from donating blood. Thirty-one percent of the respondents reported that they thought condoms were very effective in preventing getting AIDS through sexual activity. Seventy-eight percent reported that they would be willing to work with a person who is infected with the AIDS virus. ■

Julie Lester is chief of health care research for MSMS.

SOURCE: Rafferty, AP and McGee, HB, editors. *Health Risk Behaviors 1992.* Michigan Department of Public Health, Center for Health Promotion and Chronic Disease Prevention. December 1993.



COVER STORY

THE EMERGENCE OF BUSINESS COALITIONS

Regardless of what becomes of federal health care reform initiatives, major structural changes in health care already are occurring in Michigan. So says Gordon S. White, Jr., a Lansing-based management consultant. According to White, the rapid growth in health care costs over the past decade has caused employers to become more aggressive in identifying and implementing strategies to reduce those costs. A key strategy, according to White: the formation of business coalitions. As purchasers of health care, business coalitions could have an enormous effect on physicians' practices. Those physicians who participate with their local coalitions stand to benefit, says White, while those who do not, don't. This month's cover story explores the emergence of business coalitions in Michigan. It also profiles one Lansing coalition in depth. Also included is a description of the recently-launched MSMS/County Medical Society Business Health Care Coalitions Program. Rounding out the cover story is an article on the Southeastern Area Physician Organization, accompanied by updates on two other POs.

THE EMERGENCE OF

BUSINESS COALITIONS



Physician Involvement in Coalitions is Key

By Gordon White

Regardless of what becomes of federal health care reform initiatives, major structural changes in health care already are occurring in Michigan. The rapid growth in health care costs over the past decade has caused employers to become more aggressive in identifying and implementing strategies to reduce those costs. One method to combat costs is to work through business coalitions where collective purchasing strength can improve bargaining power.

In Michigan today, there are at least a dozen health care coalitions. All are concerned with reducing health care costs. Each has a different set of priorities and activities. Most coalitions have some form of purchasing strategy to help members minimize health care costs. Many coalitions are working on data collection to better identify variations in cost, practice patterns and outcomes. Others are developing long-range community plans as a means of influencing consolidation where appropriate or discouraging expansion where sufficient capacity may already exist. Many are working on a paperless claim submission and payment system which should make administration less expensive, more timely and more effective. Almost all coalitions are sponsoring some activities to promote quality improvement.

Regardless of the agenda of the coalition in your area, I believe you can count on several things:

1. Coalitions will increase the pressure for competitive bidding for health care benefit contracts and services.

2. Cost pressures will force providers to consider mergers, affiliations, consolidation of selected services, etc.

3. Trends toward capitation, managed care, practice guidelines, public sharing of outcome and utilization data, etc., will accelerate.

Potential impact great

These trends could have an enormous impact on your practice. How are you preparing for these changes? What are you doing to influence colation activities in your area?

Some physicians already are working with their local coalition, but many more should be involved. An example of an issue where coalitions would benefit from your input is data collection and the use of practice guidelines and outcomes data. When you examine the protocol for the development of practice guidelines, there are numerous questions which beg your input:

- What data is relevant?
- What data is comparable?
- What feedback do you feel should be considered when examining profiles of care patterns?
- Where and how should comparative data be published?

During the next few months, I will be working with MSMS and county medical societies throughout Michigan to facilitate physician input to local business coalitions. I will also work with MSMS to collect information concerning coalition activities across the state which may have relevance as you prepare for the future. ■

Gordon S. White, Jr., is principal of Glengarry Associates, a Lansing-based management consulting firm.

Capital Health Alliance Points Way to Future

Ralph D. Ward

Even before any federal health system reform legislation is enacted, a sea change in how medical care is priced, how it is provided, and how it functions as a business already is underway. Linkages between business, local government, hospitals and physicians are changing the terminology of care from one of doctors and patients to one of purchasers and providers.

The formation of business coalitions to purchase health care for members is one of the most powerful trends, and the Lansing area nurtures one of the state's most advanced coalition experiments. The Capital Area Health Alliance started in 1993, according to principal and consultant Gordon S. White, Jr., due to a shared sense of need in the community. "It was commonly recognized that there was going to be change. Hospitals have joined because they recognize that with all this change, and with alliances coming, they can give input only if they work within the coalition."

The Capital Area Alliance, like all such groups, is ultimately led by business. It is a non-profit group organized "to promote the highest quality health care for all residents at the lowest possible cost," according to promotional literature. The Alliance encompasses Ingham, Eaton and Clinton counties. Four major areas of focus guide the alliance, according to White. First is the development of a comprehensive community health plan. This is followed up with a structure of

Michigan has 12 major health care coalitions

Alliance for Health
72 Monroe Ctr., NW #200
Grand Rapids, MI 49503

Blue Water Coalition
P.O. Box 129
Maryville, MI 48040

Branch County Economic Growth Alliance
20 Division St.
Coldwater, MI 49306

Capital Area Health Alliance
2123 University Park Dr., Ste.#160
Okemos, MI 48864

Greater Detroit Area Health Council
660 Plaza Dr., Ste.#2010
Detroit, MI 48112

Greater Flint Health Coalition
810 Mott Foundation Bldg.
Flint, MI 48502

Healthcare 2000
5363 44th St., SE
Grand Rapids, MI 49512

Health Care Partners
P.O. Box 8418
Holland, MI 49422

Muskegon Area Alliance for Quality Health Care
2001 Sanford St.
Muskegon, MI 49441

South Central Michigan Health Alliance
1709 Pontiac Trail
Ann Arbor, MI 48105

Southwest Michigan Health Care Coalition
100 W. Michigan, #295
Kalamazoo, MI 49007

Western Michigan Business Group on Health
2727 Walker Rd., NW
Grand Rapids, MI 49201

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continuous quality improvement initiatives, systematic evaluation of major expenditures under the health plan, and efforts to improve access.

The 25 members of the Alliance board of directors represent business, union, government and health care, but by charter 60 percent of the board members must represent purchasers. The board further breaks down to five operating committees, which form its actual operating arm. A quality committee is responsible for identifying and working on quality of care issues. The planning committee develops a community health plan, against which major expenditures are reviewed by a review committee. The membership committee manages such issues as dues and membership recruitment. The education committee works to help the community understand its health care choices and develops public information on the functions of the alliance. Finally, a series of advisory boards represent segments of the community in providing input to the Alliance, segments such as retirees, hospitals...and physicians.

Physician input key

Physician input is eagerly sought by the Alliance, with several physicians and DOs involved in the committee, as well as two on the board itself. "Physicians need to become involved," says Dawn E. Springer, MD, Ingham County Medical Society representative. "Even if Clinton's health care reform package doesn't pass as he would like it to, we will see some kind of reform. If physicians don't get involved, there will likely be some reforms we don't want."

Yet physician involvement has proven tentative and, thus far, indifferent. "We fully expected purchasers to love alliances to some extent, but typically the health care community doesn't like them. They see them as an attempt by those who aren't providers to change the terms," says White. While hospitals have recognized that health care reform is coming, and have sought to join alliances to "have their say," doctors have been a different story. "Physicians are very busy people," says White. "They generally don't become involved or excited until they see a direct effect on their practice."

Yet the very growth and success of the Alliance to date makes ignoring such efforts dangerous. "Every major employer in the greater Lansing area is a member, or plans to be soon," says White. These include the State of Michigan, Michigan State University, General Motors, the Board of Water and Light, Consumers Power, Motor Wheel, Federal Mogul, the major hospitals, the Lansing Area Chamber of Commerce, and major area labor unions.

A growing trend

The business coalitions are a growing trend in health care. Alliances also are showing solid results. According to an item in a June 1993 issue of *The Wall Street Journal*, a San Francisco area alliance has announced premium reductions of as much as 10 percent from the HMOs with which it contracts. Other alliances report premium cuts in Orlando, Cincinnati and Memphis. Michigan alone has more than a dozen such consortia in operation or in development. Among the latter, however, White sees the Lansing Alliance having one big advantage. "What sets this group apart is that they realize collaboration can coexist with competition. That is important. They want to rise above disharmony in setting the plan, and develop long-term relationships that are for the greater good of Lansing."

White is now working as a consultant to MSMS advising the Society on how to develop strategies for enhancing physician involvement with business coalitions. Ultimately, the best logic for involvement is the simplest — if doctors sit this one out, they aren't gonna dance. "We hope doctors will understand this phenomenon," says White. "Changes are happening today, and everyone needs to be involved. Doctors need to wake up and realize that life is not the same, that they need to participate." ■

Ralph Ward is a Lansing-based freelance writer.

Gordon White to speak in Petoskey



Gordon S. White, Jr., a Lansing-based management consultant, will speak at an MSMS seminar on "Organizing for Change: Physicians and Private Sector Reform Initiatives," August 24 in Petoskey. The focus of his discussion will be business coalition activity in Michigan. To register, or for more information, contact Shannon Stockwell at MSMS at (517) 336-5776.

THE EMERGENCE OF
BUSINESS COALITIONS

MSMS/County Medical Society Program Underway

The goal of the MSMS/County Medical Society Business Health Care Coalitions Program is to energize local physician leaders to be proactive and to participate as the health care leaders in their communities in the design and development of health care programs.

Many business health care coalitions have been formed and are in operation in Michigan. A primary focus of these coalitions is to develop a health system reform plan that is consistent with the health care needs and goals of their respective business, industry and community needs. Twelve major Michigan health care coalitions now are having an important influence on the health care system, physicians, and other health care providers in their communities. (See accompanying list.) The MSMS/County Medical Society Business Health Care Coalition Program will concentrate its efforts on as many as 10 of these dozen coalitions.

"Our goal is to persuade physicians to look up from their stethoscopes and take the lead in organizing and developing health care programs for their patients and their communities," says F.B. "Tom" Plasman, manager, Physician Hospital Relations, for MSMS. "For physicians to be effective, they must establish liaisons with business coalitions."

MSMS held its first meeting with a special committee of the Ingham County Medical Society in July to encourage physician leaders to participate in the MSMS/County Medical Society Business Health Care Coalitions Program. ■

THE EMERGENCE OF
BUSINESS COALITIONS

Southeastern Area PO Offers Blueprint

Ralph D. Ward

For all the advantages that physician organizations (POs) offer their members, the process of organizing and operating one has proven daunting. The secret may be to view the PO as "starting a business venture." That's the advice of a founder of one of Michigan's most successful POs to date.

Southeast Michigan Physicians, PC, (SEMP), is composed of physicians who practice at the Dearborn-area Oakwood Health Care Services network of hospitals. Its origin goes back to 1993, when Oakwood administration convened a task force of staff and physicians to discuss forming a physician-hospital organization (PHO). According to Louis R. Zako, MD, a family physician and Oakwood staff member for 30 years, "the task force went around to various departments and staff to educate and encourage them on this issue." But, according to Doctor Zako, who is a past president of MSMS, relations between the staff and administra-

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tion were not good. "There was some dissent within the committee. There is not a mutually trusting relationship between hospitals and staff in major urban areas, and there was concern that there would be excessive control by the hospital of the PHO." Robert Schwyn, MD, an Oakwood neurologist, was also involved in this early stage. "We felt that we should form a PO before there was a PHO, to help physicians maintain control over health care." A group of physicians involved in the initial group began holding meetings, and inviting physicians from other specialties and hospitals within the Oakwood structure to join the discussion. A consensus formed that an effective PO was needed, and the physicians contacted MSMS for assistance in forming the group. "We formally hired MSMS, through its new Physician Organization and Management Services division, to act as a consultant," recalls Doctor Zako. "We also hired legal counsel recommended by MSMS. They helped us step-by-step to work through differences between the physicians from the different Oakwood hospitals, and between the specialists and generalists, and set up a working structure." Doctor Schwyn, president of the PO, recalls MSMS as being "extremely helpful, with much advice and expertise." After incorporating earlier this year, the 400-member SEMP held its first general membership meeting in late June.

Dos and Don'ts

This new PO in many ways is a model for how POs should be formed, both for the careful groundwork that went into its formation and the clear-eyed attitudes of members. Close review of its planning and birth offers valuable do's and don'ts for the new generation of POs to come.

Accept the need for a PO in dealing with hospitals

Shifting demographics of practice, health care reform, and the increasing power of hospitals compel physicians to consider POs if only to maintain a say in how health care is run. "There are two ways to look at control in the hospital health care setting" says Doctor Schwyn. "Either hospitals and physicians have mutual respect, or you have vertical control, with the hospital completely in charge. In our case the impetus came from the physicians. Trying to organize a PHO without a PO leaves the hospital in charge." "This is the reality of health care," notes Doctor Zako. "The hospitals and ad-

Update concerning the Oakland Physicians Network

The November 1993 issue of *Michigan Medicine* included an article about the efforts of a group of Pontiac St. Joseph Mercy physicians to organize a physician organization. These physicians have succeeded in establishing the Oakland Physician Network (OPN), a 150-member physician organization composed of physicians who practice principally in Pontiac. All of the members of the OPN are in solo practice or in small groups. The OPN was established earlier this year after a group of physicians led by Bashar Succar, MD, developed a business plan with the help of the MSMS Physician Organization and Management Services (POMS) division.

While the membership of OPN is approximately two-thirds specialists, the OPN Board of Directors consists of five primary care physicians and four specialists. Also, specialist physicians are required to provide a $2,000 loan to the organization in addition to the $500 capital contribution required of all OPN members.

The OPN, which is structured as a limited liability company, has hired Thomas A. Walters, a former Blue Cross Blue Shield of Michigan vice president, as its executive director. According to Walters, the goals of the OPN are to "preserve the concept of independent physicians' autonomy coupled with the delivery of the highest quality patient care."

ministration have many more [negotiating] advantages in their position. Their interests tend to be my interests, but only part of the time."

Utilize skilled consultants

For physicians to develop such a complex legal entity, they need experienced, competent consultants. "You need someone skilled in conflict resolution, and someone able to nurture discipline," observes Doctor Zako. "Tom Gorey, the consultant we used through the MSMS, was quite helpful. There is a tendency of physicians to be well disciplined in their clinical practice, but undisciplined in business activities. You could go into a meeting and spend four hours shooting the breeze. But Gorey would always come to the meeting with an agenda, and help us keep things on track."

Democracy and consensus are musts

Physicians are strong-minded and independent, and even the growing need for collective strength isn't going to turn doctors into "team players" overnight. POs face a great structural threat if members feel the group is controlled by this or that faction. In forming SEMP one of the things we did was to include representatives from each of the hospitals, specialists and generalists, primary care, family care, pediatrics, internal medicine, and even residents," according to Doctor Zako. "When we started discussions, the Oakwood guys didn't want anything to do with the guys from the other hospitals. The specialists were concerned that generalists would take too big a slice of the pie, and so on. We had to consciously say that we want to achieve balance, and work to break the barriers down." Doctor Schwyn recalls that, "We all had our ideas on how to proceed, but the concepts were very uniform. Everyone was under the impression that we had to do this. It's amazing that we had, so to speak, a group of different tribes, but ended up with a unified organization." This is where having a consultant good in conflict resolution pays off.

View the PO as a business, and be a realist

"Most POs will fail," in Doctor Zako's frank assessment. "I stress to colleagues that this is a business venture, and that most businesses fail." Such an attitude may seem to foreshadow doom, but in practice it encourages a clear-eyed pragmatism and willingness to compromise. "I compare the PO to a chamber of commerce," says Doctor Zako. "When I join the group, I'm not giving up my private business. I'm just coordinating marketing and other activities that work on behalf of the entire membership." Doctor Schwyn points out that the PO offers members valuable services that are currently available only through hospitals, if at all. "We offer management information services on practice patterns, cost effectiveness, and other data. This is available through the hospitals, but now we can provide it too. We'll also do our own credentialling." The PO arrangement offers benefits to those who use medical services as well. "Practitioners have traditionally never had to worry about whether care was too cheap or too expensive. It's hard to suspend someone from a hospital staff if he's breaking the bank, but if he's a business partner, it's easier."

Through this good planning and group commitment, SEMP is moving ahead swiftly. The 400-member PO is managed by a 13-member board, and is forming committees to look into new services and expansion. "The future is managed care," predicts Doctor Schwyn, "and we expect to join other organizations in the southeast Michigan area. We'll be in a position to respond to what health care buyers want."

What about the original PHO plans that prompted formation of the group? After the PO took shape, Oakwood's interest in the idea apparently faded. "The hospital aborted the PHO idea," says Doctor Zako. "My feeling was that the hospital administration was too threatened by the idea of a PO to proceed."

William J. Carbone, chief of the Physician Organization and Management Services division of MSMS, serves as interim executive officer of SEMP. MSMS provides executive officer services for POs. For more information on these services, contact F.B. "Tom" Plasman at MSMS at (517) 336-5724.

Physicians interested in utilizing the consulting services of the MSMS Physician Organization and Management Services division may contact either Tom Plasman at (517) 336-5724 or Tom Wolff at (517) 336-5740. ■

Ralph Ward is a Lansing-based freelance writer.

PO/PHO Case Study Report
Now Available

The PO/PHO Case Study Report of eight POs/PHOs across the U.S. is now available. The Case Study Report, developed by MSMS, AMA and two other state medical societies, contains a foreword by Paul Ellwood, MD, Director of the Jackson Hole Group. The report examines many issues concerning PO/PHO development and operations including the role of the PO, the value of a sophisticated management information system and the importance of a strong medical management system.

"The American Medical Association, together with the Illinois State Medical Association, the Indiana State Medical Association and the Michigan State Medical Society, have done a tremendous job in bringing us this research which is timely, topical and provocative."

-- Paul Ellwood, MD, Director
Jackson Hole Group

Yes! Please send me the PO/PHO Case Study Report.

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This conference will feature physicians, hospital administrators and executive directors from the POs/PHOs that participated in the case study conducted by MSMS, AMA and two other state medical societies. These experienced leaders will explain the keys to organizing and operating a successful PO/PHO, discuss the role of the PO in the success of the PHO, and explain contracting and payment issues. Other issues to be presented include the role of medical management in a PHO, opportunities for PHOs to develop strategic alliances with other integrated delivery systems and the role of the PHO in community health system reform.

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Standing next to their first prize posters are (l to r): Stephen Gordon, Jeffrey Marshall and Nash Rosenmund.

MSMS Alliance Targets Gun Safety Awareness

By Jennifer Anibal

Three Michigan elementary schools received $1,000 each as a prize for their winning entries in the Michigan State Medical Society Alliance (MSMS-A) poster contest "Run, Don't Touch a Gun." The Alliance sponsored the contest for elementary school children in recognition of Gun Awareness Week in Michigan, the third week in April. Students were asked to draw a picture, write an essay, poem or letter telling a friend why he/she should not touch a gun.

The award presentation ceremony was held May 20 at MSMS headquarters in East Lansing. Kindergartner Nash Rosenmund from Crull Elementary, Port Huron, fifth grader Stephen Gordon from Thomas Edison School, Port Huron, and third grader Jeffrey Marshall from Glazer Elementary, Detroit, were the MSMS-A first prize winners.

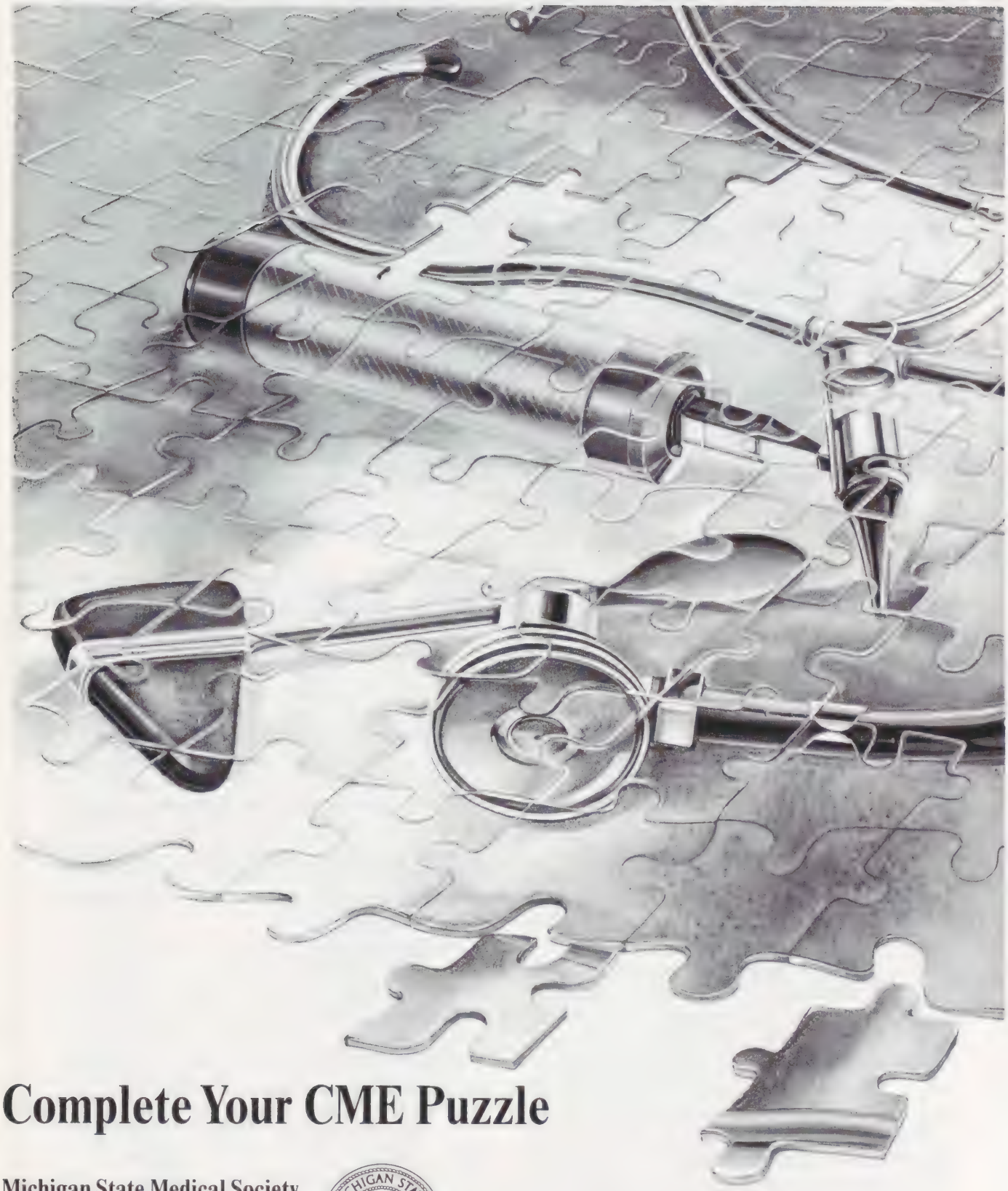
Prizes included a US Savings Bond and a cash donation to the schools. In addition, the students and their parents received an overnight stay in Lansing and tours of Potter Park Zoo, Impression Five Science Museum and the State Capitol.

Jean Chabut, a representative from Governor Engler's office and the Michigan Department of Public Health, along with Susie Carter, executive director of the Lansing Area Safety Council and other representatives of MSMS-A and MSMS attended the presentation. "We will encourage the entire community to join the Alliance and MSMS in educating the public about safe gun habits in the home," said Trudy Ritter, MSMS-A president. "The major solution to the problem of unintentional gun shot victims is prevention."

The MSMS Alliance Health Promotions Committee already is planning activities for Gun Awareness Week 1995. "We will build coalitions with our county alliances/auxiliaries and invite other organizations throughout Michigan to join the Alliance in promoting educational programs for Michigan citizens about firearm danger and safety," said Velva Clark, MSMS-A Health Promotions Chair.

For more information, or to learn how you can become involved in Gun Awareness Week 1995, contact Velva Clark at 810/737-2747. ■

Jennifer Anibal is executive secretary of the MSMS Alliance.



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MSMS committee stands ready to assist you

By Tama D. Abel, MD

Discrimination, sexual harassment, gender bias. These were some of the key concerns facing women physicians when MSMS established its Committee on Concerns of Women Physicians nearly 13 years ago. While many strides have been made over the years, these topics still concern members of the Committee today.



Other issues facing women physicians today include women's health, parental leave and family issues. Networking has been described as essential for women physicians in every setting.

Two key goals of the MSMS Committee on Concerns of Women Physicians are 1) to explore ways to encourage women physicians to assume their rightful place in organized medicine and 2) to enhance their ability to make valuable contributions to Society.

One important example of the programs we are sponsoring is our upcoming seminar on domestic violence, to be held at the Michigan Library on September 21. This will give us an opportunity to hear a variety of perspectives on this broad subject. Speakers include a victim of violence, a social worker and a judge. We will be inviting our legislators to attend and have a chance to share with them at the grassroots level, as well as with your medicine colleagues, your views and concerns. This will be a great chance for all who attend to network and learn! (For registration information, contact Stacy Kohmetscher at MSMS at (517) 336-5755.)

Members of the Committee are here to serve you, the members of MSMS. We welcome your comments. What are your concerns? How can we address your needs? What can we do for you? We need your help as we explore ways to advance the concerns of women physicians.

As chair of the Committee, I am hopeful that this column will be filled with helpful information and views in the months to come. I look forward to hearing from you soon, especially if you are a woman in medicine. ■

Doctor Abel is chair of the MSMS Committee on Concerns of Women Physicians.

Editor's note: Michigan Medicine is pleased to launch this first in a regular series of columns on issues of concern to women physicians. If you have concerns you would like to share with members of the Committee, please jot them down and send them to MSMS, PO Box 950, East Lansing, MI 48826-0950 Attn: Tama D. Abel, MD, chair, MSMS Committee on Concerns of Women Physicians.

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Michigan State Medical Society

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The University of Michigan

prepared to interact in physician organizations, physician hospital organizations or integrated networks. The Institute will cover the evolution of the health

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August 1994

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This ironic twist may startle some physicians: Expert witness fees are skyrocketing to the tune of $400 to $500 per hour for specialists. While the average physician expert witness charges less than this, the result has been that expert fees at Michigan Physicians Mutual Liability Company now account for 16 percent of all claims resolution expenses — up from 10 percent just two years ago. Needless to say, *this adds tremendously to the cost of your medical liability insurance.*

Not only are expert fees climbing, we're having difficulty finding experts to review cases on behalf of our defendants. Two or three years ago, this was not a problem.

Here's what you can do to help:

Volunteer to review cases. Currently, our supply of expert witnesses is drying up. I hope this doesn't indicate increased apathy among physicians, who see high medical liability premiums as just another cost of doing business! Where are the fighters? The defenders of the profession? We need more experts in every specialty to more effectively defend physicians against malpractice allegations. Using the same experts repeatedly has two negative effects from the defense standpoint: Fees are pushed ever upward and credibility in court goes down ("Not you again!" the judge thinks to himself). When reviewing cases for defense attorneys, please do so quickly, fairly, and efficiently.

Go easy on the expert witness fees. Believe it or not, physicians used to review cases for free or for a nominal charge, viewing the task as a duty to their profession and to the public — not as an economic opportunity. (Some physicians still refuse payment for expert reviews.) We have little control over the medical liability environment. But expert witness fees is one aspect of medical liability cost in which we can exercise some measure of control.

Please, let's do our part to control medical liability costs. We're unwittingly contributing to the problem of rising claims resolution costs. Let's treat the problem before it's too late. Call now to get your name on our list of expert witnesses.

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Name: Wayne A. Christenson, Jr., MD, 22514 Spicewood Drive, Goshen, IN 46526
Action, Date Taken: License Suspended - 6 months, Fine - $2,000, 05-18-94
Reason: Negligence-Incompetence

Name: Melvin W. Cohen, MD, 42 Bay 25th Street, Brooklyn, NY 11214
Action, Date Taken: License Revoked, 07-05-94
Reason: Conv-Drug Related

Name: Ramon R. Duarte, MD, Dept. of Medicine, King Fahad Hospital, P.O. Box 22490, Riyadh, Saudi Arabia
Action, Date Taken: Reinstate Denied, 04-29-94
Reason: Undisclosed

Name: Allick M. Dube, MD, P.O. Box 7744, Manetta, GA, 30065
Action, Date Taken: Probation until 11-07-97, Reprimand, 04-13-94
Reason: Drug Related

Name: Samir H. El-Yamani, MD, P.O. Box 19191, Detroit, MI 48219
Action, Date Taken: Reinstated w/Limited License, Probation concurrent w/limitation, 04-29-94
Reason: Undisclosed

Name: Burton M. Fink, MD, 326 W. Ionia, Lansing, MI 48933
Action, Date Taken: Reprimand, Fine - $4,000, Successful Passage of Recertifi. Exam, 05-18-94
Reason: Negligence-Incompetence

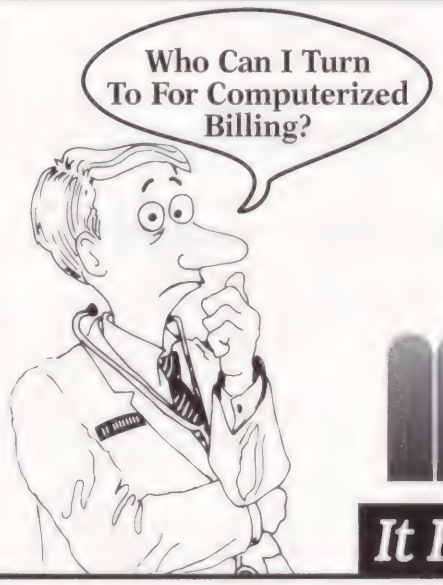
Name: Walayat A. Khan, MD, 317 Ecorse Rd., Ste. 5, Ypsilanti, MI 48198
Action, Date Taken: Order dated 03-09-94, Rescinded, Summary Suspension Cont, 04-13-94
Reason: Undisclosed

Name: William K. Nasso, MD, 19335 Merriman, Livonia, MI 48152
Action, Date Taken: Probation - 1 year, Reprimand, Administrative Costs - $1,000, 05-05-94
Reason: Mental/Physical Inability to Practice

Name: Jesus C. Neri, Jr., MD, 196 S. Third, Rogers City, MI 49779
Action, Date Taken: License Suspended - 90 days, Probation - 3 years, Fine - $5,000, 04-01-94
Reason: Conv/Insurance Fraud

Name: Muhammad A. Saeed, MD, 32-College Block, Allama Iqbal Town, Lahore, Pakistan
Action, Date Taken: License Revoked, Fine - $10,000, 07-05-94
Reason: Drug Related

Name: Paul Van Portfliet, MD, 750 E. Beltline, N.E., Grand Rapids, MI 49506
Action, Date Taken: Reprimand, Fine - $1000, Probation, 07-17-94
Reason: C.E. Audit Violation ■



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Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals. Members without MD or DO designation are students.

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One Hurley Plaza IM
Flint, MI 48503

Michael G. Altmann, MD
1414 W. Fair Ave #122 DR
Marquette, MI 49855

Peter J. Anderson, MD
1700 Clinton St IM
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Audberto C. Antonini, MD
6923 Chimney Hill Dr IM
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Ramon M. Aparece, MD
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Detroit, MI 48235

Mohammed A. Aussie, MD
27177 Lahser Rd #205 OBG
Southfield, MI 48034

Philip J. Beron, MD
25530 W. 12 Mile #202 RO
Southfield, MI 48034

Bradford W. Betz, MD
100 Michigan NE, Radiology DR
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Matthew Bloom, MD
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22151 Moross Rd #G-20 CDS
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Frederick L. Bruening, MD
5014 Villa Linde Pkwy OPH
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David R. Bryant, MD
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Troy, MI 48084

James S. Byatt, MD
424 Monroe FP
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Ricardo Q. Cabrera, MD
12715 Andersonville Rd FP
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Ray H. Cameron, MD
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Rebecca B. Campen, JD, MD
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Kenneth K. Chun, MD
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Kevin J. Clayton, DO
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Acme, MI 48610

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Michael Eggebrecht, MD
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Neigatha Graney, MD
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Ronald P. Hoogmoed, MD
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Grand Rapids, MI 49546

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5585 Murfield Dr. IM
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Kalamazoo, MI 49001

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CATEGORY I COURSES

AUGUST

15-20, Pediatric Board Review. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Michigan Association of Pediatric Program Directors, Michigan Chapter, American Academy of Pediatrics. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 55.0 hours of Category I Credit, 55.0 hours of Category 2A Credit, AOA.

19-20, Sclerotherapy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 11.25 hours of Category I Credit.

19-21, Cardiology Update. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA.

20, Hypertension in the 90's: Directives, Directions, and Dilemmas. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical Center, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 4.0 hours of Category I Credit, 4.0 hours of Category 2A Credit, AOA.

SEPTEMBER

8-9, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 12.25 hours of Category I Credit.

8-9, Critical Clinical Issues in the Care of the Elderly: Maintaining and Improving Mobility. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Veterans Affairs Medical Center, Ann Arbor, Department of Veterans Affairs, Cleveland, Regional Medical Education Center. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine

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CATEGORY I COURSES

Continued from page 37

and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA

16-17, EGD (Gastroscopy). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 12.0 hours of Category I Credit.

20-21, Advances in Body CT and MRI. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 14.0 hours of Category I Credit, 14.0 hours of Category 2A Credit, AOA.

22-23, Annual Seminar in Diagnostic Ultrasound, 16th Anniversary Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 15.0 hours of Category I Credit, 15.0 hours of Category 2A Credit, AOA.

26-27, Update on Pulmonary and Critical Care Medicine. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 14.0 hours of Category I Credit, 14.0 hours of Category 2A Credit, AOA.

28-29, Office Procedures for Primary care Physicians, Sixth Annual Workshop Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 16.0 hours of Category I Credit, 16.0 hours of Category 2A Credit, AOA.

OCTOBER

1, Surgical Radiography: Technologist Strategies for Excellence in the Operating Room. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions.

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University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan, 48106-1157, (313) 763-1400. **Approved for:** 6.5 hours of Category I Credit, 6.5 hours of Category 2A Credit, AOA.

6-8, The Sixth Annual Modern Perinatal Problems. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA.

7, Coloscopy Update. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 7.25 hours of Category I Credit.

8, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 6.25 hours of Category I Credit.

12, Flexible Sigmoidoscopy/ Hemorrhoid Treatment. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 8.0 hours of Category I Credit.

12, Depression in Primary Care. Location: Plaza Hotel, Southfield, Michigan. **Sponsor:** University of Michigan Medical School, Departments of Family Practice and Psychiatry. **Contact:**Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan, 48106-1157, (313) 763-1400.**Approved for:** 4.0 hours of Category I Credit, 4.0 hours of Category 2A Credit, AOA.

13-14, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 15.5 hours of Category I Credit.

15, Advanced Suturing/Coding and Billing Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 7.5 hours of Category I Credit.

17-18, 13th Annual Michigan Statewide Conference on Child Abuse and Neglect. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Uni-

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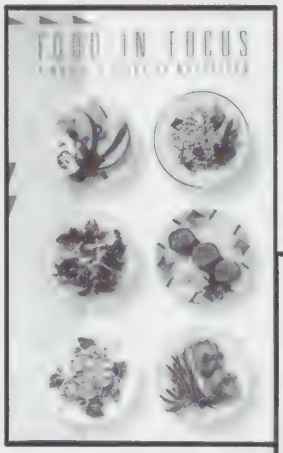
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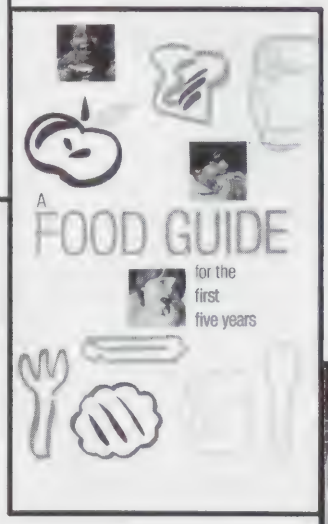
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versity of Michigan Hospitals Child Protection Team, Michigan Committee for the Prevention of Child Abuse. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan, 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA.

22, Care of the Terminally Ill Patient in the Primary Care Setting. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan, 48106-1157, (313) 763-1400. **Approved for:** 6.5 hours of Category I Credit, 6.5 hours of Category 2A Credit, AOA.

27-28, Neonatology 1994: Gadgets, Gizmos and Good Ideas. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 13.0 hours of Category I Credit, 13.0 hours of Category 2A Credit, AOA.

NOVEMBER

4-5, Advances in Psychiatry VI 1994. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Psychiatry. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 14.0 hours of Category I Credit, 14.0 hours of Category 2A Credit, AOA.

4-5, Sclerotherapy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 11.25 hours of Category I Credit.

10-11, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 15.0 hours of Category I Credit.

10-11, Advanced Trauma Life Support, Student Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Office of Continuing Medical Education, Department of Surgery, American College of Surgeons Committee on Trauma, Michigan Committee on Trauma. **Contact:** Steve Cruise, Towsley Center, Department of Postgraduate Medicine,

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Continued from page 43

University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 18 hours of Category I Credit.

17-18, Selected Topics in Clinical Nutrition. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical Center and College of Pharmacy. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA

18-19, Stress EKG. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 12.0 hours of Category I Credit.

DECEMBER

2-3, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 12.25 hours of Category I Credit.

1995

JANUARY

21, Medstart Conference 1995: Opening Our Eyes Through the Voice of Children. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** Medstart. **Contact:** Julie Carroll, Vivek Rajagopal, or David Rosen, MD, Medstart, Office of Student Affairs, Med. Sci. - C Wing, University of Michigan Medical School, 1335 Catherine Street, Ann Arbor, Michigan, 48109-0611. **Approved for:** 6.0 Hours of Category I Credit.

■

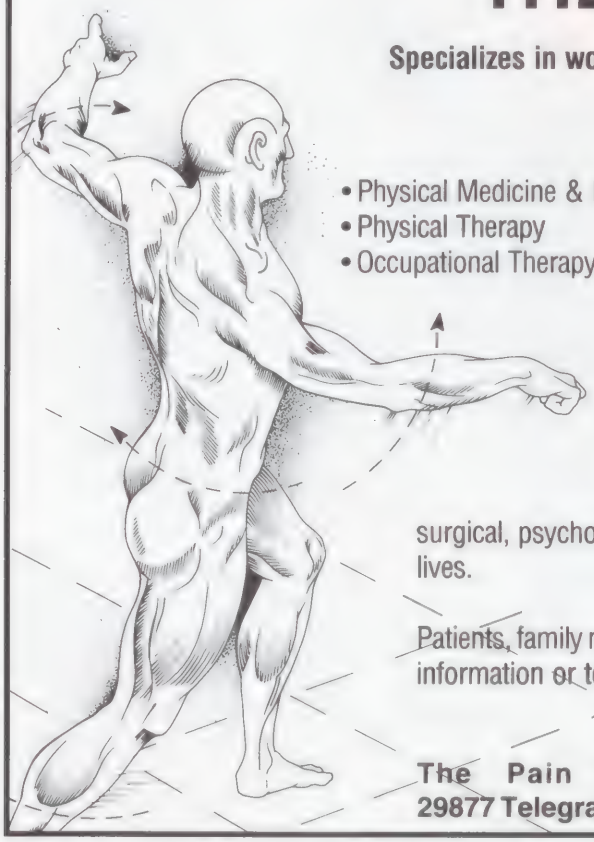


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- **Rapid-acting†**

  CLARITIN Tablets started working in some patients in as soon as 30 minutes; 65% of patients experienced relief within 2 hours.†
- **Once-a-day dosing**
- **Low incidence of adverse effects**

  In controlled clinical trials using the recommended dose, the incidence of headache (12%), somnolence (8%), fatigue (4%), and dry mouth (3%) with CLARITIN Tablets was similar to that of placebo (11%, 6%, 3%, and 2%, respectively).
- **Over 1 billion patient days of worldwide experience**

Clear Benefits From Start To Finish

Once-a-day

Claritin®

10 mg TABLETS (loratadine)

* *In studies with CLARITIN Tablets at doses 2 to 4 times higher than the recommended dose of 10 mg, a dose-related increase in the incidence of somnolence was observed.*

† *Relief began in 13% of treated patients vs 4% of placebo-treated patients within 30 minutes (P=.04). At 2 hours, 48% of patients receiving placebo experienced relief. Distribution of onset times was significantly earlier for CLARITIN Tablets vs placebo (P=.03).*

Please see following page for brief summary of Prescribing Information.

CLARITIN®
brand of loratadine

TABLETS
Long-Acting Antihistamine

BRIEF SUMMARY
(For full Prescribing Information, see package insert.)

INDICATIONS AND USAGE
CLARITIN Tablets are indicated for the relief of nasal and non-nasal symptoms of seasonal allergic rhinitis.

CONTRAINDICATIONS
CLARITIN Tablets are contraindicated in patients who are hypersensitive to this medication or to any of its ingredients.

PRECAUTIONS
General: Patients with liver impairment should be given a lower initial dose (10 mg every other day) because they have reduced clearance of CLARITIN Tablets.

Drug Interactions: The coadministration of a single 20 mg dose of CLARITIN Tablets (double the recommended daily dose) and a 200 mg dose of ketoconazole twice daily to 12 subjects resulted in increased plasma concentrations of loratadine (180% increase in AUC) and its active metabolite, descarboethoxyloratadine (56% increase in AUC). However, no related changes were noted in the QTc on ECGs taken at 2, 6, and 24 hours after the coadministration of loratadine and ketoconazole. Also, there were no significant differences in clinical adverse events between CLARITIN Tablet groups with or without ketoconazole.

Other drugs known to inhibit hepatic metabolism should be coadministered with caution until definitive interaction studies can be completed. The number of subjects who concomitantly received macrolide antibiotics, cimetidine, ranitidine, or theophylline along with CLARITIN Tablets in controlled clinical trials is too small to rule out possible drug-drug interactions. There does not appear to be an increase in adverse events in subjects who received oral contraceptives and CLARITIN Tablets compared to placebo.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: In an 18-month oncogenicity study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg (mice) and 25 mg/kg (rats). In the carcinogenicity studies, pharmacokinetic assessments were carried out to determine animal exposure to the drug. AUC data demonstrated that the exposure of mice given 40 mg/kg of loratadine was 3.6 (loratadine) and 18 (active metabolite) times higher than a human given 10 mg/day. Exposure of rats given 25 mg/kg of loratadine was 28 (loratadine) and 67 (active metabolite) times higher than a human given 10 mg/day. Male mice given 40 mg/kg had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg and males and females given 25 mg/kg. The clinical significance of these findings during long-term use of CLARITIN Tablets is not known.

In mutagenicity studies, there was no evidence of mutagenic potential in reverse (AMES) or forward point mutation (CHO-HGPRT) assays, or in the assay for DNA damage (Rat Primary Hepatocyte Unscheduled DNA Assay) or in two assays for chromosomal aberrations (Human Peripheral Blood Lymphocyte Clastogenesis Assay and the Mouse Bone Marrow Erythrocyte Micronucleus Assay). In the Mouse Lymphoma Assay, a positive finding occurred in the nonactivated but not the activated phase of the study.

Loratadine administration produced hepatic microsomal enzyme induction in the mouse at 40 mg/kg and rat at 25 mg/kg, but not at lower doses.

Decreased fertility in male rats, shown by lower female conception rates, occurred at approximately 64 mg/kg and was reversible with cessation of dosing. Loratadine had no effect on male or female fertility or reproduction in the rat at doses of approximately 24 mg/kg.

Pregnancy Category B. There was no evidence of animal teratogenicity in studies performed in rats and rabbits. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, CLARITIN Tablets should be used during pregnancy only if clearly needed.

Nursing Mothers: Loratadine and its metabolite, descarboethoxyloratadine, pass easily into breast milk and achieve concentrations that are equivalent to plasma levels with an AUC_{milk}/AUC_{plasma} ratio of 1.17 and 0.85 for the parent and active metabolite, respectively. Following a single oral dose of 40 mg, a small amount of loratadine and metabolite was excreted into the breast milk (approximately 0.03% of 40 mg over 48 hours). A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when CLARITIN Tablets are administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of 12 years have not been established.

ADVERSE REACTIONS
Approximately 90,000 patients received CLARITIN Tablets 10 mg once daily in controlled and uncontrolled studies. Placebo-controlled clinical trials at the recommended dose of 10 mg once a day varied from 2 weeks' to 6 months' duration. The rate of premature withdrawal from these trials was approximately 2% in both the treated and placebo groups.

REPORTED ADVERSE EVENTS WITH AN INCIDENCE OF MORE THAN 2% IN PLACEBO-CONTROLLED ALLERGIC RHINITIS CLINICAL TRIALS
PERCENT OF PATIENTS REPORTING

	LORATADINE 10 mg QD n = 1926	PLACEBO n = 2545	CLEMASTINE 1 mg BID n = 536	TERFENADINE 60 mg BID n = 684
Headache	12	11	8	8
Somnolence	8	6	22	9
Fatigue	4	3	10	2
Dry Mouth	3	2	4	3

Adverse event rates did not appear to differ significantly based on age, sex, or race, although the number of non-white subjects was relatively small.

In addition to those adverse events reported above, the following adverse events have been reported in 2% or fewer patients.

Autonomic Nervous System Altered salivation, increased sweating, altered lacrimation, hypoesthesia, impotence, thirst, flushing.
Body As A Whole Conjunctivitis, blurred vision, earache, eye pain, tinnitus, asthenia, weight gain, back pain, leg cramps, malaise, chest pain, rigors, fever, aggravated allergy, upper respiratory infection, angioneurotic edema.
Cardiovascular System Hypotension, hypertension, palpitations, syncope, tachycardia.
Central and Peripheral Nervous System Hyperkinesia, blepharospasm, paresthesia, dizziness, migraine, tremor, vertigo, dysphonia.
Gastrointestinal System Abdominal distress, nausea, vomiting, flatulence, gastritis, constipation, diarrhea, altered taste, increased appetite, anorexia, dyspepsia, stomatitis, toothache.
Musculoskeletal System Arthralgia, myalgia.
Psychiatric Anxiety, depression, agitation, insomnia, paronirra, amnesia, impaired concentration, confusion, decreased libido, nervousness.
Reproductive System Breast pain, menorrhagia, dysmenorrhea, vaginitis.
Respiratory System Nasal dryness, epistaxis, pharyngitis, dyspnea, nasal congestion, coughing, rhinitis, hemoptysis, sinusitis, sneezing, bronchospasm, bronchitis, laryngitis.
Skin and Appendages Dermatitis, dry hair, dry skin, urticaria, rash, pruritus, photosensitivity reaction, purpura.
Urinary System Urinary discoloration, altered micturition.

In addition, the following spontaneous adverse events have been reported rarely during the marketing of loratadine: peripheral edema; abnormal hepatic function, including jaundice, hepatitis, and hepatic necrosis; alopecia; seizures; breast enlargement; erythema multiforme; and anaphylaxis.

OVERDOSAGE
Somnolence, tachycardia, and headache have been reported with overdoses greater than 10 mg (40 to 180 mg). In the event of overdosage, general symptomatic and supportive measures should be instituted promptly and maintained for as long as necessary.

Treatment of overdosage would reasonably consist of emesis (ipecac syrup), except in patients with impaired consciousness, followed by the administration of activated charcoal to absorb any remaining drug. If vomiting is unsuccessful, or contraindicated, gastric lavage should be performed with normal saline. Saline cathartics may also be of value for rapid dilution of bowel contents. Loratadine is not eliminated by hemodialysis. It is not known if loratadine is eliminated by peritoneal dialysis.

Oral LD_{50} values for loratadine were greater than 5000 mg/kg in rats and mice. Doses as high as 10 times the recommended clinical doses showed no effects in rats, mice, and monkeys.

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Reference
1. Bédard P-M, Del Carpio J, Drouin MA, et al. Onset of action of loratadine and placebo and other efficacy variables in patients with seasonal allergic rhinitis. Clin Ther. 1992;14:268-275.

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YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:
1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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MEETINGS

MSMS Meetings

August

24, Organizing For Change: Physicians and Private Sector Reform Initiatives. Petoskey (site to be announced). Contact Shannon Stockwell at (517) 336-5776.

31, 1994 Supervisory Skills Series: "Mastering the Art of Medical Office Management. Session II: Resolving Patient and Personnel Conflicts with Finesse. Novi. Contact Roberta Lott at (517) 336-5767.

31, Organizing For Change: Physicians and Private Sector Reform Initiatives. Holiday Inn, Flint. Contact Shannon Stockwell at (517) 336-5776.

September

8, 16, When You're On the Line: Telephone, Reception and Scheduling Techniques for Today's Front Office Staff. 8, Kalamazoo; 16, Traverse City. Contact Robert Lott at (517) 336-5767.

13, 14, 27, 29, Closed Claim Review Sessions for Pediatrics. 13, Treasure Island, Saginaw; 14, Novi; 27, WMU Regional Center, Grand Rapids; 29, MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

14, MSMS Board of Directors Meeting, MSMS headquarters, East Lansing. Contact MSMS Executive Director William E. Madigan at (517) 337-1351.

15, 19, The Office Staff and Professional Liability. 15, Traverse City; 19, MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

16-17, Masters Series II, PO/PHOs: Up and Running Across the USA. Ritz Carlton, Dearborn. Contact Shannon Stockwell at (517) 336-5776.

19, MSMS Alliance Board Meeting, East Lansing. Contact Dawn Reha at (517) 336-7589.

21, MSMS Committee on Concerns of Women Physicians Domestic Violence Forum, Michigan Library and Historical Center, Lansing. Contact Stacy Kohmetscher at (517) 336-5755.

28, 29, Risk Management Clinical Conferences for Professional Liability and Laparoscopic Abdominal Procedures. 28, Novi; 29, Grand Rapids. Contact Debra Metro at (517) 336-5769.

29-October 1, Masters Series II, Physician Executive Leadership Institute. University of Michigan School of Public Health, Ann Arbor. Contact Shannon Stockwell at (517) 336-5776.

October

3, 11, 12, 18, 29, Closed Claim Review Sessions for Internal Medicine. 3, WMU Regional Center, Grand Rapids; 11, Treasure Island, Saginaw; 12, Novi; 18, MSMS Headquarters, East Lansing; 29, Novi. Contact Debra Metro at (517) 336-5769.

3, 11, 13, The Office Staff and Professional Liability. 3, Grand Rapids; 11, Saginaw; 13, Novi. Contact Debra Metro at (517) 336-5769.

6-9, MSMS/Society for Professional Well-Being National Conference "Being Well: Fostering Effective Relationships." Ritz Carlton, Dearborn. Contact MSMS at (517) 336-5738.

12, Coding Clinic for Specialties (Surgical). Detroit. Contact Roberta Lott at (517) 336-5767.

21, The Exceptional Medical Assistant. Dearborn. Contact Roberta Lott at (517) 336-5767.

19, 20, Risk Management Clinical Conferences, Diagnosis and Management of Cervical Abnormalities. 19, Novi; 20, Grand Rapids. Contact Debra Metro at (517) 336-5769.

19-23, American Society of Anesthesiologists House of Delegates, San Francisco, California. Contact Caroline Kimmel at (517) 336-7585.

21-22, Masters Series II, Managed Care: Retooling for a New Era. Amway Grand Plaza Hotel, Grand Rapids. Contact Shannon Stockwell at (517) 336-5776.

26, Practice Parameters Update. MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

27, Fundamentals of Risk Management. Kalamazoo. Contact Debra Metro at (517) 336-5769.

November

2, 1994 Supervisory Skills Series: "Mastering the Art of Medical Office Management. Session III: Creating a Great Place to Work. Novi. Contact Roberta Lott at (517) 336-5767.

3-5 MSMS Annual Scientific Meeting: Complete Your CME Puzzle. The Dearborn Inn, Dearborn, MI. Contact Sarah Cressman at (517) 336-5727.

8, 9, 15, 16, Closed Claim Review Sessions for Obstetrics/Gynecology. 8, Treasure Island, Saginaw; 9, Novi; 15, WMU Regional Center, Grand Rapids; 16, MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

MEETINGS

10, Fundamentals of Risk Management. Wayne County Medical Society, Detroit. Contact Debra Metro at (517) 336-5769.

15, Risk Management Clinical Conferences for Professional Liability and Breast Cancer. Novi. Contact Debra Metro at (517) 336-5769.

16, MSMS Board of Directors Meeting. MSMS headquarters, East Lansing. Contact MSMS Executive Director William E. Madigan at (517) 337-1351.

17, 22, 28, 29, 30, Closed Claim Review Sessions for Office Staff. 17, Muskegon; 22, Grand Rapids; 28, East Lansing; 29, Novi; 30, Petoskey. Contact Debra Metro at (517) 336-5769.

21, 22, Emerging Trends and Future Directions in Health Care Information Systems. 21, Grand Rapids; 22, Kalamazoo. Contact Roberta Lott at (517) 336-5767.

AMA Meetings

December

4-7, AMA Interim Meeting. Hawaii. Contact: Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

Michigan Specialty Society Meetings

September

14, Michigan Association for Medical Education, University Club, East Lansing. Contact Viola Heins at (517) 336-7586.

21-25, Michigan Society of Internal Medicine, Grand Traverse. Contact Caroline Kimmel at (517) 336-7585.

October

5-8, Michigan Society of Respiratory Care Fall Conference, Gaylord. Contact Caroline Kimmel at (517) 336-7585.

November

2, Michigan Dermatological Society, Wayne State University, Detroit. Contact Dawn Reha at (517) 336-7589.

10, Michigan Medical Group Managers Association Fall Meeting, Grand Rapids. Contact Caroline Kimmel at (517) 336-7585.

National Specialty Society Meetings

October

2, American Medical Association Alliance Conference I. Contact Dawn Reha at (517) 336-7589.

6-9, American Society of Internal Medicine House of Delegates, Dallas, Texas. Contact Caroline Kimmel at (517) 336-7585. ■

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ADVERTISING INDEX

American College of Physicians 38
Binson's Hosp. Equipment 54
Blue Cross Blue Shield 52
Civitec 49
Claritin 46-47
CompHealth 39
Curare 54
DMC Health Centers 52
Doctor Chioda 51
Foote Hospital 53
Great Lakes FSBC 53
Harper Associates 51
Meadowbrook ..... IBC
Medical Billing Corp. 31
Medical Billing Service 2
Mercer & Co. 6
Mercy North 51
Metpath Michigan 40
Michigan Beef Council 42
MPMLC ..... BC
MSMS Group Insurance Trust 11
MSMS Physician's Law Guide 36
North Memorial 50
Pain Institute 45
Palisades Pharm 47
PC Medical 53
Physician Service Group 1
Physicians Leasing 34
Physicians Practice Mgt. 41
PICOM ..... IFC
Pincus 37
Premier 54
Professional Practice Sales 53
Rehab Institute 32
St. Francis Inc. 50
St. Luke's 44,54
Stratton Cheeseman & Walsh 8
Strelchek & Assoc. 52
Three Rivers 49
Transnational 30
War Memorial 43

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PRESIDENT'S PAGE

Take the time to review your hospital staff bylaws

By Jack L. Barry, MD

"Our Constitution is in actual operation; everything appears to promise that it will last; but in this world nothing is certain but death and taxes."
— Benjamin Franklin, In A Letter to a Friend, 1789.



Old Ben's optimism about the new United States Constitution has been vindicated by more than 200 years of resilient wear and tear. Fortunately for the people of the United States, our Constitution has endured.

But it is Ben's cynical observation that, "in this world nothing is certain but death and taxes," that can cause some worry.

Recently, much worry and concern, even a lawsuit, has erupted over the stability of hospital medical staff by laws in Michigan, the "constitutional" contract between a medical staff and the hospital's governing board.

Too often, these bylaws have been taken for granted, dusted off once in a while when a specific question comes up. Maybe it's a good sign that they are taken for granted; maybe that implies a strong, functioning foundation between the physicians and the hospitals. But what happens when the mutual accord becomes discord? What happens when the "balance of power" becomes unbalanced? What happens when physicians and hospital administrations and governing boards break into civil war?

The result is the same as in most wars. Even if a victor is declared, both sides will have paid a dear price.

The battle at Macomb Hospital Center is a fiery case in point. The hospital board and administration is accused in a Circuit Court lawsuit of unilaterally throwing out its 44-year-old bylaws and replacing them with bylaws more to its liking. Additionally, the hospital board and administration is accused of throwing out the duly elected medical staff officers and replacing them with its own appointments.

According to the physicians, the original bylaws state that the bylaws are equally binding on the governing board and the medical staff. The attorney for the physicians also points out that Michigan law says hospital bylaws are valid and enforceable against all parties to such bylaws.

Apparently, legal counsel for the hospital believes that not to be the case.

It has to make you wonder. What would happen if the Clinton Administration unilaterally decided it had had enough of the US Constitution and pitched it out? It would be a bold move, indeed. But how would the people, the holders of the contract between themselves and a federal government, react? How would other nations of the world react to such a usurpation? Would there be civil war? The Confederate States of America tried it once and the cost of that war was sickening.

Thomas Jefferson talked about the price of liberty being eternal vigilance. Maybe in these rapidly changing times, it would be a wise move by medical staff officers to pull their crusty bylaws off the shelf and take a close look at them. If expert help is needed, MSMS offers a very reasonably priced Medical Staff Bylaw Review Service from its own experienced legal counsel. For details call F.B. "Tom" Plasman at MSMS at 517-336-5724.

It also may be the time to build some bridges with our hospital governing boards and administrations. The most effective health care organizations are those where the physicians and hospitals have forged partnerships for the ultimate benefit of their patients and the institutions.

No one is suggesting that physicians become appeasers; in fact, just the opposite is true. MSMS is working hard to educate physicians about physician organizations and physician hospital organizations in which both sides become absolutely equal partners.

We surely will be a poorer profession, if, when all of the dust has settled, we can count only on death and taxes.

Let's start now to build an enduring future. ■

Doctor Barry is president of MSMS.

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MICHIGAN MEDICINE

SEPTEMBER 1994
VOL. 93, NO. 9

Award-Winning Journal of the Michigan State Medical Society



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Major third party payers: A changing environment

MSMS Presidential Profile

1994 MSMS Annual Scientific Meeting Preview

Hospital Medical Staff Bylaws

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MICHIGAN MEDICINE

SEPTEMBER 1994 VOLUME 93, NO. 9

Award-Winning Journal of the Michigan State Medical Society

COVER STORY

To help identify how best MSMS can help physicians and patients tackle their reimbursement woes, MSMS recently established the Task Force to Identify Priorities with Third Party Payers. This month's cover story features the recommendations of the task force along with some key comments from task force members. Also included are: a rundown of the "Principles for Physician Specific Data," which were approved by the MSMS Board of Directors last May; timely information on the upcoming Medicare Carrier Transition, which is scheduled to take place November 1; and a managed care contracting checklist for physicians.

Page 34

OTHER KEY ARTICLES

17

County Medical Society Spotlight

This month's column profiles Kurtis D. LeFebre, Oakland County's new executive director.

By Tom Seely

19

Medicine People

This month's expanded feature profiles three outstanding physicians: Busharat Ahmad, MD, George L. Royer, MD, and Thomas M. George, MD.

By Ralph D. Ward

24

Presidential Profile

An indepth feature on MSMS President Jack L. Barry, MD.

By David K. Fox

27

1994 MSMS Annual Scientific Meeting Preview

33

Hospital Medical Staff Bylaws

A review of the dispute between Macomb Hospital Center and its medical staff on hospital medical staff bylaws changes.

By Ralph D. Ward

47

Outcomes Measurement

The first in a series of articles on outcomes measurement — a long-term strategy designed to help understand the health delivery system in order to make improvements.

By Julie L. Lester, MHSA

50

Women in Medicine

This feature examines the growing presence of women in medicine.

53

MPMLC to offer workers' comp insurance in Michigan

By Thomas R. Berglund, MD

59

HIV/AIDS Education Update

This expanded feature highlights a recent Michigan conference on HIV infection in women. Also included is the latest research on the treatment of HIV-infected pregnant women.

DEPARTMENTS

7 MSMS On the Move

9 Reimbursement Roundup

13 Legal Briefs

55 Obituaries

56 New Members

63 Meetings

66 Category I Courses

70 Classifieds

79 Advertising Index

80 President's Page

In next month's issue:

A guide to the 1994 Elections, plus a complete program for the 1994 MSMS Annual Scientific Meeting

Cover illustration by: *Robert L. Brent*

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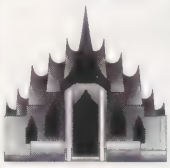


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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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"Breast Cancer Litigation: A Clinical Perspective"

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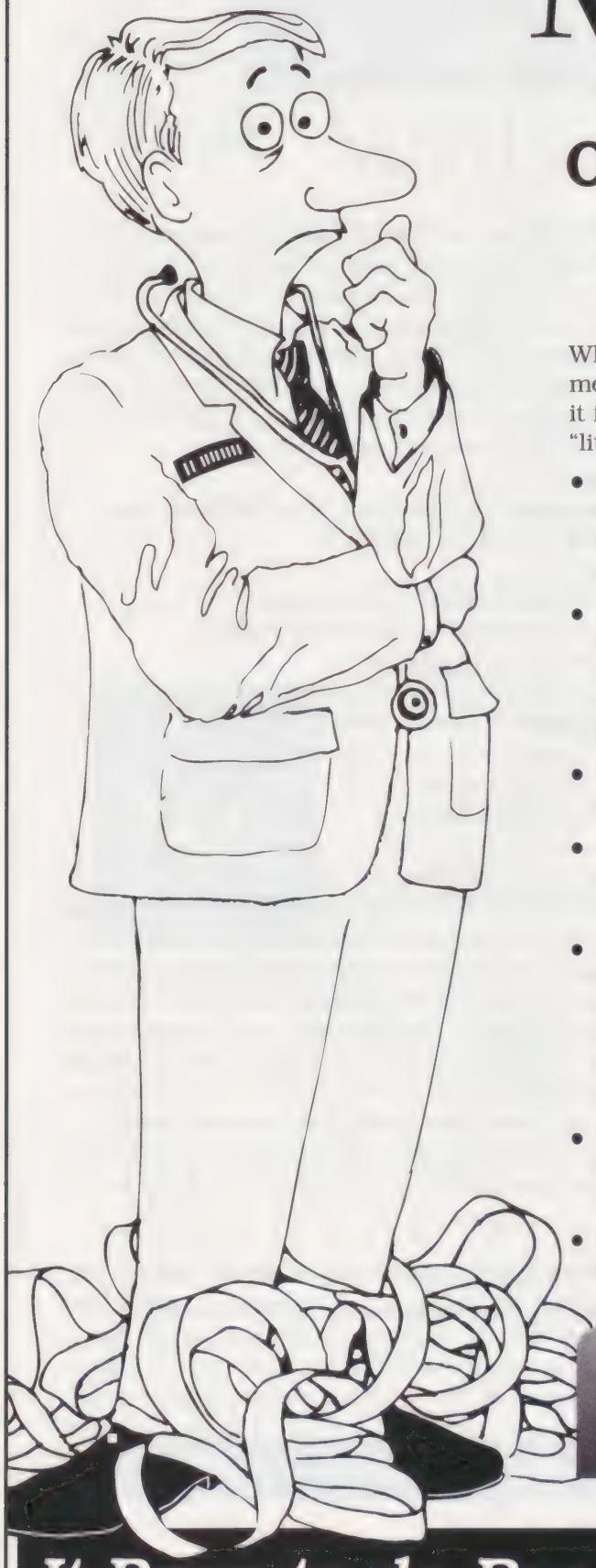
MSMS committee seminar to highlight domestic violence

The MSMS Committee on the Concerns of Women Physicians will bring together a cross-section of professionals this month to discuss how the effects of domestic violence intersect their professions. Doctors, lawmakers, judges, community members and others will learn more about this through the MSMS committee-sponsored seminar on Sept. 21, "Domestic Violence: The Physicians, the Community and the Judicial System." The group, chaired by Tama D. Abel, MD, wants to expand efforts to highlight how professionals can work cooperatively to combat domestic violence. MSMS Task Force on Family Violence Chair Thomas C. Payne, MD, will moderate the Lansing session. Call Stacy Kohmetscher at MSMS at 517-336-5755 if you'd like to attend.

Free MSMS booklet lists questions for election candidates

MSMS continues to urge doctors and patients to get out and vote this November in an election year sure to have a strong impact on health system reform. To help both you and your patients ask election candidates the right questions about health system reform, MSMS has developed a free 12-page booklet. It's titled "Health Questions for Candidates: A Voter's Guide," and contains the top 10 questions on reform that voters should ask candidates. For free copies to give to your patients, call Bridgett Benton at MSMS at 517-336-5747.

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MSMS Reimbursement Roundup

By Joyce Nurenberg
MSMS REIMBURSEMENT OMBUDSMAN

Following are answers to questions about reimbursement issues recently received by MSMS from member physicians.

Q: What is the filing deadline for Medicare services?

A: Original submission for services prior to October 1992 are ineligible for payment. Services dated October 1, 1992, through September 30, 1993, have to be received by December 31, 1994. Services from October 1, 1993, through September 30, 1994, must be received by December 31, 1995. Note, too, that claim reviews must be filed within six months of the denial or incorrect payment for consideration.

Q: Can the mother bringing in her minor child be held accountable for charges incurred in the event the divorce decree states the medical expenses are the responsibility of the father?

A: The answer depends on contract law. There is no statute or controlling case law. The divorce decree is between the mother and father and is in no way binding upon the physician who performs the service.The mother can take action against the father pursuant to the judgment of the court in the divorce proceeding. No case law suggests that the doctor is required to bill the father for services. *This answer was provided by MSMS legal counsel.*

Q: Can filing a complaint with the Insurance Com-missioner's office help us get paid when an insurance company does not pay or is consistently late in paying claims?

A: The Insurance Commissioner's office, specifically the Consumer Assistance Section, is a resource to file complaints for insurance companies licensed in Michigan (this does not include Medicare, and self-insured plans); however, complaints must be filed by the patient in order for action to be taken. The Commissioner's office will then contact the insurance company giving them 30 days to respond.

Direct the patient to write to the Insurance Bureau, Consumer Assistance Section, P.O. Box 30220, Lansing, MI 48909. Include a detailed explanation of the problem, the insurance company name, policy number and address, agent name if appropriate, and any written correspondence that has taken place. A phone number to call is 337-0240.

A practice that some offices find successful when payment is late is to stamp claims to the insurance company with a message like, "Unless paid or rejected in 30 days, a formal complaint will be filed with the Insurance Commissioner."

According to Michigan Law Section , 60 days is the timeliness of payment rule involving commercial payers (500.2006). For auto claims, it is 30 days. If there is no response by the payer after satisfactory proof is received and there is no dispute in process, the payer can be charged 12 percent interest per annum or one percent each month. If additional information has been requested, allow another 60 days (or 30 days, if auto related) from receipt by the payer. Interest can be charged after this period if no response is received.

Self-insured plans and HMOs are exempt from the timeliness of payment rules. The Insurance Bureau does not regulate the contents of contracts between physicians and HMOs or health care corporations (BCBSM). The bureau is concerned with the contract entered into between the HMO or BCBSM and the *subscriber.*

Therefore, timeliness of payment issues need to be negotiated and included in your contract.

Have Reimbursement Questions?
MSMS Can Help You

MSMS Reimbursement Ombudsman Joyce Nurenberg stands ready to assist you with your reimbursement questions. Just call 517-336-5722.

Q: Is it legal for PPOM to pay Worker's Compensation claims at their fee schedule, which is often lower than the WC fee schedule?

A: Yes, the contractual agreement with PPOM has typically been a contract for "medical services"

Continued on next page

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and has not carved out Worker's Compensation claims.

Q: In the event that a patient experiences complications and does return to the operating room, does the 90-day postoperative period begin again with this second surgery?

A: When the patient is a Medicare patient, the 90-day postoperative period does not begin again. Payment for any complications requiring a return to the operating room is based on the intraoperative value. Bill using modifier 78.

Q: Does BCBSM follow the same 0, 10 and 90-day postoperative periods that Medicare follows?

A: No, BCBSM and payers that follow CPT rules do not have defined postoperative periods like Medicare. Both include routine followup included in the reimbursement of the surgery. Separate payment will be allowed for those unusual or non-routine complications treated in the office, outpatient and hospital setting.

Q: I am performing shave excision procedures on a Medicare/Medicaid patient. Medicare applied the services to the patient's yearly deductible and Medicaid rejected the services as non-covered. How do I get Medicaid to pay?

A: Regardless of whether the service is covered by Medicaid, the program is required to pay the coinsurance and deductible when Medicare approves the services. The payment amount is subject to Medicaid's payment schedule. In the above instance, it will be necessary to bill Medicaid with the closest not-otherwise-specified (NOC) code. For example, for shave excision of a lesion 1.1 to 2.0 cm on the shoulder, one would bill procedure code 11302 to Medicare. Bill Medicaid for the coinsurance and/or deductible using procedure code 23929, unlisted procedure, shoulder. Send a copy of the Medicare voucher with your claim.

Claims should be sent to Medicaid when the Medicare payment is less than Medicaid's fee schedule. If the Medicare payment exceeds the Medicaid fee schedule amount, Medicaid is not obligated to pay. Therefore, it is not necessary for physician offices to bill under these circumstances.

Q: A patient sent a check for an amount less than the total amount of the outstanding balance. On the front of the check was written the words, "payment in full." If we do not want to accept this payment as payment in full, do we need to send the check back or can we deposit it and still bill the patient for the balance?

A: In this scenario, you can deposit the check and still bill the patient for the balance. If the same words are written on the back of the check, the rules are more restrictive. It is advised that you return the check if you feel the amount is unacceptable to be considered payment in full.

Q: Can an evaluation and management code be billed in addition to osteopathic manipulation therapy (OMT) on the same date?

A: Yes, if the E/M service is unrelated to the OMT and it is a significant identifiable service, payers may pay. Some payers may pay based on the different diagnoses submitted with the modifier 25. Others may require documentation with the claim.

Q: I removed 50 skin tags in a single operative visit. Medicaid has two procedures available, 11200 up to 15 skin tags removed and 11201 for each additional 10. Medicaid paid 11201 only twice and rejected the lines for the final 15 tags. How do I get these paid?

A: Medicaid will now automatically process up to a quantity of five for procedure code 11201 for a total number of 65 skin tags removed in a single session.

To receive reimbursement on your claim for the remaining 15 tags, submit a claim adjustment on a Michigan Health Benefits claim form. Submit the claim as usual along with the following directions. Bill the total charge for the 50 skin tags on a single line along with procedure code 11200 because this is the first paid line. The quantity reported must be one. Complete claim adjustment box 46 with a one. Leave boxes 49-52 blank. Complete boxes 53 and 54 with the claim reference number and line number from the voucher representing the first paid line. Complete box 45 with the number of attachments and submit with documentation. ■

BILLING TIPS

- The HCFA 1500 (12-90) version is the preferred form for submitting SelectCare claims.
- It is not necessary to send the Medicare voucher when billing Medicaid for coinsurance and deductible amounts. See above Q&A regarding collecting on Medicaid coinsurance amounts after Medicare.

The following half-day Continuing Medical Education program is sponsored by Blue Cross and Blue Shield of Michigan and presented by the Faculty of the Breast Care Center, University of Michigan, Comprehensive Cancer Center.

Blue Cross Blue Shield of Michigan

"Breast Symposium"

Saturday, November 5, 1994

Comprehensive Cancer Center
University of Michigan

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Registration

Ms. Della SanSouci
(810) 354-8500, ext. 3827

Deadline for registration

October 28, 1994

This conference is open to all physicians, and there is no charge.

Purpose and Intended Audience

These presentations are sponsored by Blue Cross Blue Shield of Michigan and are designed to provide review and update of selected medical topics. The purpose of this meeting is to educate all physicians who care for and advise patients about breast disease. The presentations are directed to enhance the knowledge base of the participants and update them on the latest developments in the diagnosis and treatment of breast disease with emphasis on the management of neoplasms.

Objectives of the Conference

At the conclusion of the program, the participant should be able to:

- Discuss the present day breast disease standard of care
- Indicate the proper continuing care of the patient with normal breasts
- Describe the management of the patient with abnormal breast examination findings
- Review the contemporary treatment of breast malignancy and appropriate settings

Credit Hours

Blue Cross and Blue Shield of Michigan, an organization accredited by the Michigan State Medical Society Committee on CME Accreditation, certifies that this activity meets the criteria for a maximum of four (4) credit hours in Category I toward the requirements for Michigan relicensure and toward the Physician's Recognition Award of the AMA provided it is completed as designed.

AOA 1-A Credit sponsored by Pontiac Osteopathic Hospital.

Program Director

John J. Siller, M.D.
Assistant Medical Director – Education
Blue Cross and Blue Shield of Michigan

Moderator

Alfred E. Chang, M.D.
Professor of Surgery
Chief, Division of Surgical Oncology
Acting Director – University of Michigan
Breast Care Center

Program Agenda

7:15 AM	**Registration & Continental Breakfast**
8:00 AM	**Introduction** John J. Siller, M.D.
	Moderator Alfred E. Chang, M.D.
8:10 AM	**Benign Breast Diseases** Vernon K. Sondak, M.D.
8:45 AM	**Breast Cancer Screening** Mark A. Helvie, M.D.
9:15 AM	**Surgical Management of Breast Cancer** Alfred E. Chang, M.D.
9:45 AM	**Radiation Therapy of Breast Cancer** Lori J. Pierce, M.D.
10:15 AM	**Break**
10:30 AM	**Breast Reconstruction** Edwin G. Wilkins, M.D.
11:00 AM	**Psychosocial Aspects of the Breast Cancer Patient** Lynne C. Carpenter, Ph.D., R.N.
11:30 AM	**Chemotherapy of Breast Cancer** Laurence H. Baker, D.O.
12:00 PM	**Open Panel Discussion**
12:30 PM	**Adjourn**

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The views and opinions expressed by the speakers or panelists do not necessarily reflect those of BCBSM or current BCBSM medical policy.

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MSMS LEGAL BRIEFS



Editor's Note: If you have a legal question you would like answered by MSMS legal counsel in this column, jot it down and send it to Betty McNerney, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950.

Antitrust Laws/The State Action Immunity Doctrine

By Richard D. Weber

It is no secret that the federal antitrust laws are applied unevenly to the major players in the developing health care delivery systems. Insurance companies and hospitals are essentially unrestricted in creating integrated health care delivery networks because the relationship between them and physicians is vertical.

Insurance companies and hospitals employ physicians, contract with physicians and purchase their practices without the same antitrust risks imposed upon physicians who attempt to form physician networks. The reason is that the antitrust laws impose substantial barriers against the creation of horizontal networks among physicians.

Supreme Court decisions bar horizontal price-fixing among physicians who are deemed to be competitors. Compliance with the antitrust laws by physician organizations in creating health care delivery networks is difficult. Physicians must integrate their activities and the number of participants in the market is limited. These limitations are recognized in the Department of Justice/Federal Trade Commission guidelines or "safety zones." In order to come under the physician network safety zone, there is a requirement that no more than 20 percent of the physicians in each specialty and geographic market participate and the physicians must share a substantial risk such as the risk encountered in capitation arrangements. Simply put, these guidelines are too restrictive to allow physician organizations to compete with insurance companies and hospitals in creating health care delivery networks.

The American Medical Association has made antitrust reform a major part of medicine's position on health care reform. To level the antitrust playing field is essentially a federal issue and requires congressional action. Nevertheless, there is a limited but potentially significant initiative that can be taken on the state level. This is called the State Action Immunity Doctrine.

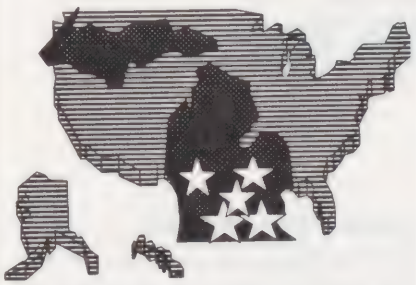
State action possible

The State Action Immunity Doctrine was first enunciated by the United States Supreme Court in 1943 in the case of *Parker* vs. *Brown*. More recently, the doctrine was refined in *Patrick* vs. *Burget*, the well-known Oregon peer review case that was handed down in 1988, and, finally, in *FTC* vs. *Ticor Title Insurance Company* in 1992. These and other United States Supreme Court cases established a two-part test to determine the application of the State Action Doctrine: first, the challenged restraint must be one clearly articulated and affirmatively expressed as state policy. Second, the anticompetitive conduct must be actively supervised by the state.

It was not until the *Ticor* decision that the Supreme Court addressed the amount of state participation that is needed to satisfy the active supervision requirement. *Ticor* involved an FTC complaint against multiple title insurance companies alleging that they fixed prices for title examinations through state rating bureaus. Rating bureaus are private entities licensed by the state and organized by title insurance companies to establish uni-

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form rates for their members. These rating bureaus would file rates for title examinations with the state insurance commissioner and those rates would become effective unless the state rejected them within a specified period of time. The title insurance companies argued that they were entitled to state action immunity. The Supreme Court disagreed and found that there was insufficient state participation and that state supervision did not, in fact, occur. The Supreme Court made it clear that the mere potential for active state supervision was not enough. The actual exercise of state authority and supervision is required.

State supervision key

State Action Immunity is the basis for legislation recently adopted in other states authorizing cooperative agreements and provider collaboration under the supervision of the state. Under such legislation, physician networks could function without fear of antitrust liability, but would have to do so under the active supervision of a state agency.

Florida, Minnesota, New York, North Carolina, North Dakota and Washington have enacted statutes that apply to both physicians and hospitals. Colorado, Kansas, Maine, Montana, Ohio, Tennessee and Texas have adopted statutes that apply only to hospitals.

A bill pending in the Michigan legislature would authorize such cooperative agreements under certificates of public advantage issued by the Department of Commerce with respect to hospitals.

MSMS, through its committee structure, is currently assessing the potential benefits of seeking such legislation for physician organizations. Immunity from federal antitrust laws under the State Action Doctrine would certainly level the antitrust playing field; but a condition precedent to this objective would require participation by the state through the active supervision requirement.

Whether such state participation in the creation and operation of physician health care delivery networks would be tolerable must be carefully scrutinized.

MSMS is currently investigating the experiences in the other states with this legislation through their respective state medical societies. The effectiveness of the AMA's efforts on the federal level must also be factored in determining whether to seek such state legislation.

Even if it is determined that the burden of state supervision in physician network arrangements may be worse than the antitrust barriers, there appears to be little downside risk in obtaining the state statutory framework. Physician organizations seeking to create health care delivery networks would then have the option based upon whether or not the statutory protection makes sense in their particular circumstances. ■

Mr. Weber is an attorney with Kerr, Russell & Weber, Detroit, and serves as legal council to MSMS.

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SPOTLIGHT

The following feature spotlights the new executive director of the Oakland County Medical Society. If you would like your county medical society featured in a future issue of *Michigan Medicine*, please contact Tom Seely at MSMS.



OAKLAND COUNTY

Meet Kurtis D. LeFebre Oakland County's New Executive Director

By Tom Seely

So far it's been a busy start for Oakland County Medical Society's (OCMS) new executive director, Kurtis D. LeFebre. Not only is he settling in to the everyday business of OCMS, he and his wife, Amy, had their second child the week after he started his new position.

Despite this hectic start, it appears LeFebre doesn't intend to stand still. Among his major goals is the growth of grassroots county society activities. He would like to energize the medical society and strengthen its focus on the county level while maintaining strong awareness of the state's activities. In addition, he wants to implement the directions of the OCMS leadership and to develop and carry out new strategies for membership recruitment and retention.

"One of my major objectives is to develop a stronger presence for organized medicine in Oakland County," he says.

An experienced professional

After graduating in 1986 from Calvin College with a degree in American history, LeFebre worked for the House Republican Staff in Lansing. For three years he campaigned and worked on the floor of the House running bills through sessions. This experience opened the door to a position at the Illinois State Medical Society (ISMS) in Chicago. LeFebre began with ISMS as a field representative in the Governmental Affairs Division. For about two years he travelled around the state talking with county medical societies, hospital medical staffs and group practices about their legislative agendas and priorities and what their needs/concerns were from the government. He also was involved in the grassroots and PAC efforts of ISMS. Eventually, LeFebre took on the job of Director of Medical Services and became heavily involved with health care policy development. This entailed legislative analysis and lobbying regulatory code departments such as public and mental health and public aid. Part of his responsibilities also included reviewing bills, serving on the Governor's Task Force on AIDS and Health Care Workers, and formulating ISMS's response to economic credentialling.

Since beginning in July at OCMS, LeFebre has noticed some differences in the way the health care system operates in Michigan versus Illinois. He said

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that managed care hasn't penetrated the marketplace in Illinois to the extent that it has in Michigan. And more Illinois physicians than Michigan physicians operate on a fee-for-service basis.

Despite tensions of health system reform, LeFebre emphasizes that the members of the county medical society are well respected and trusted in their communities and represent all physicians. At this level, organized medicine draws much of its strength.

"We operate on a level where we can bring local expertise to bear on local issues and opinion makers," he says.

He says in the August 1994 issue of the OCMS *Bulletin:* "County medical societies do have an often overlooked advantage in that their members are known and respected within their own communities and can represent all physicians, regardless of specialty or practice type."

Access to care a key issue

On the patient side, he believes organized medicine needs to focus on promoting access to quality care. "Organized medicine is leading the charge to see that no one is denied access to care, regardless of geographic location or ability to pay."

On the physician side, he sees organized medicine as the unifying voice for the physician community. "With health system reform moving forward, the physicians are the ones who need to take the lead," he says. He believes that the efforts made at the county level will impact state and national health care policy.

"While the movement to reform traditional health care delivery systems can hardly be characterized as springing from the grass roots of society, any system which will ultimately be enacted will require grass roots sanction. It is within this sphere that county medical societies can wield the greatest influence," he says.

When he's not busy at OCMS, LeFebre enjoys downhill skiing, mountain biking and windsurfing. But most of all, he loves being a husband and a dad.

We welcome you, Kurt. ■

Tom Seely is chief of physician outreach programs for MSMS.

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Busharat Ahmad, MD

Helping immigrant physicians feel at home

By Ralph D. Ward

What is it like to come to a new land to practice medicine, to face the stresses and uncertainties of launching a medical career, combined with the problems of a new language and new culture? "It's a scary thing," says Busharat Ahmad, MD, a Monroe ophthalmologist who first came to this country in 1959 from his native Pakistan. "Although you may understand the language, there are many colloquial differences. There are a lot of unknowns, and you remain unsure and uncomfortable."

Doctor Ahmad took his medical training at the University of Karachi, with postgraduate training at Harvard University. Although he has since held several offices within organized medicine, from the local to national level, when he came to this country, Doctor Ahmad encountered a number of problems facing the immigrant physician. Many of those problems persist to this day. "The workplace is different, and there are a lot of unknowns that make you uncomfortable." The young physician entering the American culture from abroad often has yet to complete his or her training, and thus faces formidable barriers such as the language and the culture. You soon discover that the people here don't speak English, they speak American." Doctor Ahmad notes that it's very important for the new immigrant physician to find mentors, preferably from the same country. These career and culture guides can help show them the ropes on language, atmosphere, and the intricacies of practice in the US.

However, the adjustments required of the immigrant physician go beyond language and building relationships. "In a sense, the whole system creates a lot of stumbling blocks," observes Doctor Ahmad, who especially objects to the battery of exams the immigrant physician must take for certification. "They make you uncomfortable. Especially when you knew this material when you came to this country, but you still have to pass them." The national and state system of certifying physicians also tended to send the message that foreign medical grads are second-class citizens. In the past, immigrant physicians were required to do

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three years of postgraduate residency work, while US medical graduates needed only two. Due in part to work by Doctor Ahmad and other MSMS physicians, this requirement has now been equalized at two years for all.

But learning the language and fighting for regulatory fairness are only the more formal aspects of fitting in as a medical practitioner in the US. Acceptance by colleagues, staff and patients can be the most difficult step of all. "Some colleagues have problems working with immigrants. While some are patient and will work well with you, others are uncomfortable. Sometimes colleagues become rude and even insulting." While Doctor Ahmad says that occasional bigotry can be traced to such simple matters as misunderstandings caused by language skills, there are more historic, health care policies that play a part. Our national attitude toward immigrant physicians has changed in the 35 years since Doctor Ahmad came to the US. "If you look at policies then and now, it's interesting. During the 1960s and 70s there was a physician shortage, and the whole attitude was different. [Foreign physicians] were imported, wined and dined, and a lot of us came. The attitude of hospital administrators and colleagues was different; we were needed." Over the last decade, however, as physician oversupply has become a problem and reimbursement has tightened, attitudes have changed. "There are more hurdles and obstacles today, and more rudeness, even from some of the same people."

Doctor Ahmad has spearheaded MSMS efforts to improve the lot of immigrant physicians. He was the first chair of the society's Section for International Medical Graduates (IMGs), which was the first such group in the country. This committee spurred the AMA to form its own national IMG advisory council, on which Doctor Ahmad also served as the first chair. (He currently serves on the AMA Council on Long-Range Planning.) "Our main goal is fairness and equal treatment, to make sure that all discriminatory treatment, as far as licensing and hospital privileges are concerned, stops." Results are being seen in the treatment of immigrant physicians. "The situation is getting a little better, but we have a long way to go. We know that bigotry and discrimination are not going away. They're part of human nature. But the treatment is getting better all the time." ■

Ralph Ward is a Lansing-based freelance writer.

George Royer, MD.

"Turning cancer kids loose"

By Ralph D. Ward

In the popular mind, as well as in the thinking of many health care practitioners, childhood cancer evokes certain sad images. Pathetic, doomed children with little hope for the future. "Bull", says George L. Royer, MD, of Kalamazoo. "I like action medicine, and I have a problem with negativity," he says. To prove it, he helped found an annual summer camp program for kids with cancer that "turns them loose and lets them do things their parents wouldn't let them do."

The Camp Special Days experience traces its origins to 1979 when Doctor Royer, a pediatric oncologist, was working in clinical pharmacology with The Upjohn Company in Kalamazoo. "I also did volunteer and clinical work with kids with leukemia and solid tumors." One patient was a little girl name Nikki Lemeux. Nikki, daughter of former Montreal Canadians defenseman Bob Lemeux, attended a group called Children with Cancer of Southwest Michigan. Although offering some helpful aspects, Bob Lemeux shared his concern with Doctor Royer that the group was "a bit negative," stressing the down side, fatalistic view of children and cancer. Doctor Royer, looking for positive ideas, made connections with a kids camp program affiliated with Children's Hospital of Chicago. After talking with camp director Ed Baum, Doctor Royer decided the program offered potential for Michigan. He contacted some Michigan health care heavyweights, namely Ruth Hine, head of Pediatric Oncology at the University of Michigan, and the wheels started rolling. Arrangements were made to



George L. Royer, MD, greets a child attending Camp Special Days, a program founded by Doctor Royer for kids with cancer.

rent the Storer YMCA Camp at Napoleon, outside of Jackson, and in the summer of 1979 a first group of 53 kids enjoyed a one-week residential camp program. The program was a success, expanding to two weeks for a period in the 80s, and adding a one-week camp for the siblings of kids with cancer, and a winter weekend program. Funding comes "from all over," according to Doctor Royer, and has included the American Cancer Society, the Knights of Columbus, The Upjohn Company, and many state service groups. Some parents are able to pay the entire tuition out of pocket, some pay what they can, and a number of people fund scholarships for kids in need.

So what do the kids actually do at camp? "We keep it pretty simple," says Doctor Royer. "What we do is turn them loose, and let them build confidence." All the standard "campy stuff" in Doctor Royer's words, is available, including crafts, water sports, and nature exploration. Special events have included trips to Tigers games and airplane rides. The kids break down into groups from 18 to as young as four, and must be recommended by a physician for enrollment. "Due to the nature of the disease, they really need a medical reference," says Doctor Royer. "About half have leukemia, the rest have mixed tumors."

Much of the benefit kids gain from the camp comes through mixing and talking with other kids who are battling cancer themselves. "They can talk about things that other kids, and even their parents, don't understand. We don't need organized counseling for kids, because they don't really come to us to talk about their illness. They discuss it among themselves. This is a very close group; they understand living and dying."

Being able to talk about the cancer experience with other kids matters to another group who attend Camp Happy Days — siblings of kids who have, or have succumbed to, cancer. The sibling program, started nine years ago, offers much-needed support to those too often forgotten when a child is diagnosed with cancer — brothers and sisters. "Twenty to 25 percent of these kids have lost a brother or sister to cancer. While the child with cancer is at risk, these kids just sit in the back of the bus. Medical needs require that all of the attention goes to the cancer kids, and when the kid recovers the parents wonder, 'gee whatever happened to Johnny?' Emotionally, the [cancer] survivors do better than the siblings." Through the Camp Happy Days program, siblings, like their brothers and sisters, are able to talk with the only other kids who can truly share their feelings — other cancer siblings.

Over the years, many kids have grown through the Camp Happy Days experience, and some survivors eventually became cabin managers or support staff themselves. Nikki Lemeux, the little girl who helped spur the program back in 1979, was featured in a CBS *Sunday Morning* segment on the program in 1980. In a recent update segment on the program, according to Doctor Royer, the producers cut from footage of Nikki as a child "to her as a 26-year-old counselor here, with a child of her own."

These successes are one of the reasons Doctor Royer chose to launch Camp Happy Days in the first place. "So many programs for cancer kids were, and are, negative and death oriented. Today, probably 70 percent of these kids will live. I don't tell parents their child may die; I tell them their kid may live." ■



Thomas M. George, MD

Doctor follows Lincoln trail to Kalamazoo

By Ralph D. Ward

Name some talents that go into the making of a good physician: creativity, curiosity, learning, and the taste for solving a mystery. Thomas M. George, MD, of Kalamazoo has put these skills to work to produce a video documentary on Abraham Lincoln.

Doctor George, an anesthesiologist in group practice in Kalamazoo, has been a lifelong Lincoln buff. "I've always had an interest in Lincoln. I've visited Lincoln-related sites, like Gettysburg and Ford's Theatre. Then, as I followed his trail, I found out about the time he visited our local community."

Abe Lincoln in Kalamazoo? Yes, the future president spoke at a rally there in 1856, his only known visit to Michigan. George investigated the visit with a technique "a lot like medical research" in his words, making stops at the local library and museum, the national archives, the Smithsonian, the Bentley museum in Ann Arbor, and the Lincoln library in Ft. Wayne, Indiana. Although others have researched the Lincoln visit in the past, Doctor George's studies brought him a new appreciation of the 16th president's political career and a turbulent time in American history.

The new Republican Party was only two years old in 1856, and nominated its first presidential ticket for that year's elections. The convention in Philadelphia selected California Governor John C. Fremont to stand for the presidency. An ambitious rising star in the party, Abraham Lincoln just missed out on the nomination for vice president, but still threw himself into the campaign. He stumped for Fremont throughout the midwest, making a total of about 50 campaign speeches. A local light in the Republican party, Judge Hezekiah Wells, had been impressed by what he heard of Lincoln's speechmaking at the convention, and invited him to speak at an August rally planned for Kalamazoo's Bronson Park.

Lincoln accepted, and rode the smoky steam train up from Chicago on August 26, 1856, the day before the rally. "We don't know where he spent the night," notes Doctor George. The next day's Republican campaign stop was an enormous event, indicative of the new party's status in the state where it had been born just two years earlier. Although Kalamazoo's population totalled only 5,000 at the time, something like 15,000 people poured in from throughout southwest Michigan. Lincoln was only one of several speakers at the rally, and talked for

about half an hour. Although he was no longer an unknown politician by 1856, Lincoln was definitely not the star of the rally, and the two Kalamazoo papers, one rabidly Democratic, the other rabidly Republican, paid more attention to the head count in their coverage. But a visiting Detroit Tribune reporter, skilled at shorthand, was at the rally and transcribed Lincoln's speech for his readers. His article, not discovered until the 1930s, is the only record we have of Lincoln's stump speech during the campaign, and sheds revealing light on the man's evolving themes of slavery and the importance of the union. "If you look at the Kalamazoo speech, you can see themes starting to form in his mind," says Doctor George. Despite Lincoln's speechmaking and the growing power of the Republican party, Fremont lost the 1856 election to Democratic candidate James Buchanan.

After building his body of research on Lincoln's visit, Doctor George was not about to let it sit idle. He and his wife Sandy had long been volunteers with the Kalamazoo area cable TV access studio. Working with other volunteers, and teaching themselves much of the production techniques involved, the Georges produced a handsome, 45-minute documentary called *Lincoln in Kalamazoo*. Using historical photos and artwork, Civil War era music, voice-over narration and reading of historical documents, Doctor George borrowed the style of Ken Burns' famous PBS documentary on the Civil War. *Lincoln in Kalamazoo* premiered on the Kalamazoo cable TV system on February 12, 1993, and has been rebroadcast several times since. It has won several video awards, and a merit award from the Michigan Historical Society. Doctor George is now planning another video documentary, this one on home-town Civil War hero Col. Joseph Westnedge.

Yet Doctor George retains his interest in Lincoln, and in the history of his time. Best of all, he nurtures this interest through a physician's eyes. "In medicine, it's said that you can learn all of medicine by studying a single patient. Well, if you want to learn American history, study Lincoln." ■

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Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

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Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

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How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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Jack L. Barry, MD

"If I could accomplish one thing this year, I would like to see the medical profession more unified."

By David K. Fox

Algae is growing on the bottom of a lone boat moored on Saginaw Bay in front of a quiet cottage on Sand Point near Caseville in Michigan's Thumb.

Neither the cottage nor the boat has seen much activity this summer because Saginaw family physician Jack L. Barry, MD, has taken on the ultimate commitment in statewide organized medicine, the presidency of the Michigan State Medical Society.

Instead of spending their free time fishing and boating with their children and grandchildren at the family's getaway, Doctor Barry and wife, Arline, are spending the year traversing Michigan from Iron Mountain to Monroe, speaking, greeting, testifying, interviewing and otherwise representing MSMS.

But this is nothing new for Doctor Barry. It's just a little more intense than what he's already been doing for the past 30 years.

"I enjoy it," Doctor Barry said of his involvement in organized medicine. "Doctors need to have a voice in what's going on. If doctors aren't involved in what's happening in patient care, the government will keep trying to take it away from us. It's been a constant battle."

A steady ascent

Since the early 1960s, Doctor Barry has served in the MSMS House of Delegates, as president of the Saginaw County Medical Society, 11 years on the MSMS Board of Directors, two years as the Board's Finance Committee Chair and three years as Chair of the Board. He's also dabbled in MDPAC, Hagadorn, Inc., and various other MSMS committees.

"The more active I became, the more my peers elected me to higher positions," Doctor Barry explained. "I just worked my way into the job (as president)."

Doctor Barry credits fellow Saginaw physician Vern Bass, MD, for keeping him interested and involved in MSMS activities. Doctor Bass was a former Speaker of the MSMS House of Delegates and served as MSMS president in 1977.

But it was influences going all the way back to early childhood that brought Doctor Barry into the profession and gave him an unbending commitment to patient care.

"I knew when I was a kid I was going to be a doctor," Doctor Barry said.

The influences came from all around him during his childhood in the Pleasant Ridge, Ferndale and Royal Oak area. His grandfather, Harry L. Clark, MD, was a pathologist who often hosted young Jack Barry in his lab at the Wayne State College of Medicine. His Aunt Eldora Clark and Uncle Stewart Delbert were both physicians. His father, Jack Barry, Sr., had been a pre-med student at Albion College until the Depression interfered. And the family's physician in Royal Oak, Ruth Wagner, MD, a former student of Doctor Clark's at Wayne State, was known affectionately as "Aunt Ruth." Doctor Barry's brother, Leroy, also became a physician; a surgeon in Saginaw.

"I always thought that what my grandfather did was great, and that what Doctor Wagner did was great," Doctor Barry said. "And that my father had wanted to be a doctor was great."

"There was no pressure to do it," Doctor Barry said. "It's just something I always wanted to do."

Patient contact key

After completing his undergraduate studies at Albion and then medical school at Wayne State, Doctor Barry did a rotating internship at St. Lukes in Saginaw. He noticed how the family physicians were working long hours and were always away from their families, so as an experiment, he tried a one-year internship in pathology at Hurley Hospital in Flint.

"I liked pathology, but I missed the direct patient contact," Doctor Barry said. So, in 1961, he set up a family practice in Bridgeport "and I've been there ever since."

He has treated thousands of patients and delivered hundreds of babies over three decades.

"I enjoy talking to people," Doctor Barry said, "not just taking care of people. I have all types of patients--farmers, factory workers and presidents of companies. I see their families, their kids. And I see the grandkids of patients I started out with 30 years ago."

"My grandfather's advice really influenced me," Doctor Barry said. "He said, 'If you just take care of the patients and see them and not worry about the money, you'll be alright.'"

Looking back on his career, Doctor Barry said he is happy he followed that advice and didn't go into a different specialty.

"It's great to have all the specialists available, but they just have brief contacts with patients," Doctor Barry said. "I find family practice so enjoyable and rewarding because I see the people year in and year out."

Doctor Barry has always put the interests of his patients first, but he is particularly concerned about them during this era of proposed health system reform.

In his inaugural address to the MSMS House of Delegates in May, Doctor Barry said, "Remember this line from the Hippocratic Oath? It goes like this: 'I will follow that method of treatment, which, according to my ability and judgment, I consider for the benefit of my patients...' Let me repeat, '...for the benefit of my patients.' Our patients have never needed us more. We must stand up and speak out for our patients. And today, as never before, physicians must speak with one voice."

"If I could accomplish one thing ," Doctor Barry said, "it would be to get the message across that physicians need the state medical society now more than ever, and that the medical society is *doing* more than ever before.

"Doctors need to band together and increase their strength through numbers during this time of un precedented government involvement in health care.

"Organized medicine is the only answer," Doctor Barry said. "Without strong leadership, without dedication, the medical profession will be taken over by the bureaucrats and I think that would be bad for our nation, bad for the economy and most important, bad for our patients." ■

Dave Fox is chief of media relations for MSMS.

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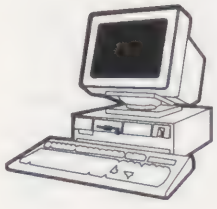
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Complete Your CME Puzzle

A new look is in store for the 1994 Michigan State Medical Society Annual Scientific Meeting. The 129th ASM will be held at The Dearborn Inn on Thursday, Friday and Saturday, November 3-5, and will offer a new format for physicians.

The MSMS ASM Planning Committee has directed its efforts toward improving the meeting by consolidating the courses into two and one-half days and moving it to the more accessible Dearborn Inn. Twenty-nine different CME programs and two plenary sessions will be presented for a maximum of 17 Category I credit hours.

We hope you enjoy this new format and we hope to see you November 3-5 in Dearborn.

–Tama D. Abel, MD
Chair, 1994 ASM Planning Committee

Michigan State Medical Society

1994 ANNUAL SCIENTIFIC MEETING
November 3, 4 & 5, 1994
Dearborn Inn, Dearborn

Program Preview

General Information

MSMS Annual Scientific Meeting, November 3, 4 & 5, 1994



Enjoy Comfortable Accommodations at The Dearborn Inn

The Dearborn Inn, a Marriott Hotel, brings you incomparable elegance and colonial charm. All educational and special functions at the 1994 Annual Scientific Meeting will be held at The Dearborn Inn.

A special rate of $107 per room, single or double occupancy, has been arranged for MSMS on the nights of November 2 and 3, 1994. For the nights of November 4, 5 and 6, 1994, the "Marriott Two for Breakfast" package is available at $89.00 per room which includes breakfast for two in the Ten Eyck Room. So, pack a bag and plan to spend the night or weekend. Bring the family and in your free time visit Greenfield Village, Henry Ford Museum or shop at the nearby Fairlane Mall.

Those making hotel reservations at The Dearborn Inn prior to October 3, 1994, become eligible for a drawing to win one night free lodging and dinner for two at the Ten Eyck Room. Call the Dearborn Inn at (313) 271-2700 to make your hotel reservation and indicate that you are with the MSMS meeting to assure receiving the reduced room rate. You may also call the Michigan State Medical Society, Office of Clinical Education at (517) 336-5738 to receive your hotel reservation form.

How to Register

Registration for the Annual Scientific Meeting is simple. Just complete the ASM Registration Form provided in this program preview and send it by mail to MSMS, P.O. Box 950, East Lansing, MI 48826-0950, or by FAX to (517) 336-5797. Be sure to include a check or your VISA or MasterCard account number. A confirmation will be sent to you in advance of the meeting.

MSMS members pay $55 per course, $15 per day for buffet luncheon (excluding Saturday), plus a one-time registration fee of $20. The registration fee includes registration materials, handouts, coffee, admission to the two early bird plenary sessions and the MSMS Exhibit Hall.

Adopt-a-Doctor Discount

The ASM Planning Committee looks forward to continued participation of the hundreds of physicians who attend the MSMS Annual Scientific Meeting each year. Your efforts in promoting the meeting to your colleagues and the participation by more first-time attendees each year has resulted in the Adopt-a-Doctor discount program. You may take $20 off your registration total if you bring a physician who has never attended (or if you have never attended) an MSMS Annual Scientific Meeting.

Cancellation Policy

A 100% refund of course fees will be provided if MSMS is notified by October 28. The $20 registration fee is non-refundable. Cancellations after October 28 (up to the day of the conference) receive a full refund, less a $50 handling fee. No refunds will be given after the conference date without prior notification.

Special Accommodations

The Michigan State Medical Society wants this program to be readily accessible to everyone. Please let us know if you have special accommodation needs that would make this program more accessible or comfortable for you.

Buffet Luncheon

A tasty buffet-style lunch will allow you to enjoy lunch at your own pace, saving time for coffee and dessert in the MSMS Exhibit Hall. The cost for this luncheon is $15 per person. Advance registration is required.

Continuing Medical Education Credits

Michigan State Medical Society 17 Category I CME

The MSMS Committee on CME Programming, an organization accredited by the MSMS Committee on CME Accreditation, designates that this activity meets the criteria for a maximum of 17 hours of Category I toward the requirements for Michigan relicensure and of the Physicians Recognition Award of the AMA, provided it is completed as designed.

Each half-day course awards 3 credit hours, and Thursday and Friday morning plenary sessions each are worth an additional 1 hour of Category I CME credit.

Audio Cassettes Available

For your convenience, audio cassettes of each course will be available at the MSMS Registration Desk, as well as by mail order following the meeting. Plan now to purchase tapes of the courses you attend, or those courses you don't get a chance to attend. Notify your hospital or clinic librarian to suggest ordering a complete set.

MICHIGAN STATE MEDICAL SOCIETY 1866

Special Events

MSMS Annual Scientific Meeting, November 3, 4 & 5, 1994



Wednesday, November 2, 1994

Michigan Orthopaedic Society
3:00 p.m. - Executive Meeting
7:00 p.m. - Dinner

Thursday, November 3, 1994

MSMS Committee of Specialty Society Presidents
12:00 noon - Luncheon

Michigan Society of General Surgeons
5:15 p.m. - Reception
5:45 p.m. - Business Meeting
6:00 p.m. - Program
7:15 p.m. - Board Dinner

Wayne State University School of Medicine Alumni Association
6:00 p.m. - Alumni Reception

Friday, November 4, 1994

Michigan Society of Colon and Rectal Surgeons
6:00 p.m. - Dinner Meeting

"Humor in Health Care"
6:00 p.m. - Reception, Dinner & Program

Saturday, November 5, 1994

Committee on Concerns of Women Physicians
12:00 noon - Luncheon

Look for details regarding additional specialty society and alumni events in the conference final program.

All Saturday morning CME courses are co-sponsored by Michigan State Medical Society and Blue Cross Blue Shield of Michigan.

MSMS appreciates the support of BCBSM in bringing this educational opportunity to physicians of Michigan.

Blue Cross Blue Shield of Michigan

"Humor in Health Care"

Sponsored by Michigan State Medical Society



Mary Fisher
Health Care "EnterTrainer"

Friday Evening, November 4, 1994

The Dearborn Inn, Dearborn
6:00 p.m. Reception
6:30 p.m. Dinner
7:30 p.m. Program

Are you in need of fresh morale, improved communications and a renewed spirit of laughter? If so... Mary Fisher is the Enter"Trainer" who can provide all the above, delivered in a highly energized, animated and humorous performance style. She has the respected reputation as a dynamic and unique personality who provides solid content with hilarious examples.

Mary Fisher tells us that "we are all born with a sense of humor. It is our sixth sense. But like all of our senses if we do not use them we lose them. It is an inherent part of our humanness."

Michigan State Medical Society will sponsor this evening of "Humor in Health Care." A cash bar reception will begin at 6:00 p.m. Dinner will be served at 6:30 p.m. The program will begin at 7:30 p.m.

You may register for this event on the MSMS Registration Form. Tickets are $45 per person. Program Only tickets are $25 per person.

Registration Form

MSMS Annual Scientific Meeting, November 3, 4 & 5, 1994, Dearborn Inn, Dearborn



Please print

Name _____
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Take $20 off your registration total if you bring a physician who has never attended (or if you have never attended) an MSMS Annual Scientific Meeting.

Your "adopted doctor" is:

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Thursday Morning, November 3

____ **"Early Bird" Plenary Session**
"Minimally Invasive Surgical Techniques: Future, Fantasies and Failure"
(7:15 - 8:15 a.m., No Course Fee)

(8:30 a.m. to Noon, including break)

____ Allergy and Immunology Update
____ Ductal Carcinoma In Situ of the Breast
____ Early Assessment and Treatment of Cerebrovascular Disorders
____ Pediatric Spine
____ The Performing Artist as an Athlete in Russian and American Society
____ Update in Office Lipid Management

Thursday Afternoon, November 3

(1:30 p.m. to 5 p.m., including break)

____ Adult and Pediatric Asthma
____ Care of the Depressed Patient in Primary Care
____ Low Back Pain
____ Lung Cancer Management
____ Occupational and Environmental Medicine
____ Pediatric Endocrinology

The MSMS Committee on CME Programming, an organization accredited by the MSMS Committee on CME Accreditation, designates that this activity meets the criteria for a maximum of 17 credit hours in Category I toward the requirements for Michigan relicensure and of the Physicians Recognition Award of the AMA, provided it is completed as designed.

___ ***Please contact me regarding special accommodations.***

Friday Morning, November 4

___ **"Early Bird" Plenary Session**
"Genetics and Pregnancy
(7:15 - 8:15 a.m., No Course Fee)

(8:30 a.m. to Noon, including break)

___ Clinical Nephrology Cases for the Internist/Generalist
___ Computers in Medicine: Introduction *(Limited Attendance Workshop)*
___ Cosmetic Dermatology
___ Lumbar Radiculopathy Diagnosis and Non-Operative Treatment
___ Menopause Evaluation and Management
___ Prostate Cancer: Counseling About Therapy Options
___ Shoulder and Elbow Injuries in the Throwing Athlete

Friday Afternoon, November 4

(1:30 p.m. to 5 p.m., including break)

___ Basic Cardiac Life Support *(Limited Attendance Workshop)*
___ Computers in Medicine: Advanced *(Limited Attendance Workshop)*
___ Dermatological Diagnosis and Therapy
___ Inflammatory Bowel Disease
___ Neurological Diseases in the Elderly
___ Radiology Update
___ Snoring and Obstructive Sleep Apnea

Saturday Morning, November 5

(8:30 a.m. to Noon, including break)

___ Basic Cardiac Life Support *(Limited Attendance Workshop)*
___ Dying in America
___ Family Violence: Concrete Steps for Safe Resolution
___ Hypertension Update
___ Promoting Physician Collegiality and Reducing Partnership Divorce (Not approved for Category I CME)

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MSMS Members: $55 per course
MSMS Members with "retired status": $25 per course
Residents: $25 per course
Non-Members: $75 per course
Nurses: $55 per course
Students: No Course Fee
Lunch: $15 per day

***NOTE:** Each attendee must pay a $20 one-time registration fee. Includes registration materials, handouts, coffee, plenaries, etc.*

Multiply total number of half-day courses by appropriate fee:

One-time Registration Fee**	$ 20.00
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____ x $25 (retired & residents)	+ $ ____
____ x $0 (students)	+ $ ____
____ x $75 (non-members)	+ $ ____
____ x $55 (nurses)	+ $ ____
____ x $15 (Thursday lunch)	+ $ ____
____ x $15 (Friday lunch)	+ $ ____
____ x $20 (Saturday Women Physicians lunch)	+ $ ____
Adopt-a-Doctor Discount* ($20)	– $ ____

Special Event Tickets

____ **"Humor in Health Care"** Reception, Dinner & Program	$45 each	+ $ ____
____ Program Only	$25 each	+ $ ____
	TOTAL	= $ ____

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PO/PHO Case Study Report
Now Available

The PO/PHO Case Study Report of eight POs/PHOs across the U.S. is now available. The Case Study Report, developed by MSMS, AMA and two other state medical societies, contains a foreword by Paul Ellwood, MD, Director of the Jackson Hole Group. The report examines many issues concerning PO/PHO development and operations including the role of the PO, the value of a sophisticated management information system and the importance of a strong medical management system.

"The American Medical Association, together with the Illinois State Medical Association, the Indiana State Medical Association and the Michigan State Medical Society, have done a tremendous job in bringing us this research which is timely, topical and provocative."

-- Paul Ellwood, MD, Director
Jackson Hole Group

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Mich. Med.

Macomb Bylaws Dispute "Offensive" to Staff

By Ralph D. Ward



"A contract is a contract, and when the hospital bylaws are drawn up and approved by the staff and board of directors, neither has the power to unilaterally amend them."

Peter Duhamel, MD

Those staff bylaws that hospital medical staffs put so much effort into negotiating with hospitals may not be quite as ironclad as you thought. That seems to be the message from the bylaws dispute that has been raging at Detroit's Macomb Hospital Center since last year.

The battle between the 300 physicians affiliated with Macomb and the hospital's administration began over a seemingly minor issue — the extension of surgical privileges for staff podiatrists. The Macomb administration had sought approval from the medical staff officers for a bylaws change allowing these privileges, but was repeatedly rebuffed. Peter Duhamel, MD, a general surgeon in solo practice who is affiliated with the hospital, notes "the bylaws committee came up with language to allow privileges for podiatrists, but it wasn't approved at the next general staff meeting." The matter apparently attracted little passion from opponents, and may well have been voted down because it was the last item on the agenda, when those supporting the move had left early. But the hospital administration had strong reasons to support allowing surgical privileges for podiatrists. According to an article in *Crain's Detroit Business*, Macomb Hospital Center's staff podiatrists could generate up to $500,000 annually in revenues with surgical privileges, revenue the hospital was eager to obtain.

Rules of the game changed

It now appears that the affair could have been negotiated. But last fall, the Macomb Hospital, in a bold, controversial move, changed the rules of the game. The board of directors of Macomb Hospital, unable to get staff approval of the podiatric bylaws changes, acted to amend the hospital bylaws unilaterally, without the staff's consent. This shocked and outraged the staff. "The issue could have been settled in a less offensive manner," says Doctor Duhamel. "A contract is a contract, and when the hospital bylaws are drawn up and approved by the staff and board of directors, neither has the power to unilaterally amend them." Doctor Duhamel further notes that these ground rules for bylaws are mandated by JCAHO standards. But the new bylaws did far more than admit podiatrists. The new rules would completely upset the balance of powers between hospital administration and staff — in favor of the administration. "It would be a complete change," says Doctor Duhamel. "Power would have been centered in the board, with the hospital naming the chiefs of

Continued on next page

Continued from previous page

departments, and a majority of the Medical Executive Committee named by the board." The new bylaws went so far as to overturn the recent elections of medical staff officers, substituting administration-named officers for some staff physicians "who were looked on as troublemakers," according to Doctor Duhamel. This coup "was even contrary to the new set of bylaws the administration had just passed," he adds.

Background and subtext

Such a major, sharp usurpation of the staff physician's power has to have a background and subtext. On the surface, the hospital administration maintains that the added income of the podiatrists would be much valued by the hospital, and that, further, the hospital leaves itself open to legal action if the podiatrists are shut out; some maintain that denying privileges to the podiatrists as a group violates state law. In the *Crain's Detroit Business* article mentioned above, Tim Ryan, executive vice president and general counsel for Macomb Hospital Center, is quoted as saying the staff left the hospital "between a rock and a hard place. We didn't want to unilaterally amend the bylaws, but we have to comply with state law and we have to make good business decisions." However, the overwhelming nature of the hospital's reaction suggests an attempt to tame unruly doctors.

Attempts have been made by both sides to negotiate a settlement, so far to little effect. "The medical staff is ready to negotiate podiatric services," said the medical staff's attorney Alan Gilchrist in the Crain's article. "But the hospital's decision to operate with a whole new set of bylaws is non-negotiable." As noted, the hospital's unilateral action on bylaws definitely violates one of the hospital accreditation standards laid down by JCAHO. But opinions vary on how the group would deal with a complaint based on such a bylaws dispute. A commission official quoted anonymously in Crain's saw it as unlikely that JCAHO would terminate accreditation for such a cause unless quality of care was threatened. However, Doctor Duhamel believes the violation would make a definite impression. "This is very important to JCAHO. If the Joint Commission chose to become involved, they could threaten the accreditation of the hospital, and this is not unlikely; it's happened to other hospitals."

The Macomb medical staff has filed suit in Macomb County Court seeking to overturn the hospital's actions. Says Doctor Duhamel: "Just last month an appeals court decision in Wisconsin upheld the validity of hospital bylaws as a legal contract, and there have been similar findings in other states, too. But there has been no test case in Michigan yet." Even here, though, the Macomb staff has run into hospital opposition. A legal fund which the staff has paid into over the years has been impounded by the hospital administration, forcing the doctors to proceed with out of pocket legal contributions.

Organized medicine responds

The MSMS has been actively involved on the Macomb matter for some time. A resolution approved last March at the MSMS Hospital Medical Staff Section 10th Assembly addressed the issue of amending medical staff bylaws, as did a companion resolution submitted to the 1993 Annual Meeting of the AMA Hospital Medical Staff Section 23rd Assembly dealing with unilateral hospital bylaws changes. In June, responding to the specific facts in the case, another resolution was passed by the Section Assembly allowing the AMA House of Delegates to consider offering legal support to the Macomb Hospital Center staff. In testimony on this resolution, it was made clear that AMA policy firmly supports the concept of medical staff self governance. Policies opposing unilateral bylaw changes, authority of staff to approve or disapprove changes, rights to staff self governance, and the inviolability of JCAHO standards on the matter were reaffirmed. The AMA will develop an amicus curiae brief in support of the Macomb staff, and will be offering much-needed legal assistance.

Future uncertain

The situation today at Macomb Hospital Center is uncertain, to say the least. "The staff is angry," says Doctor Duhamel. "There have been attempts at resolution, but the administration isn't conciliatory. They don't want to give anything back." The staff essentially has two panels of officers, so "it's hard to say who's doing the job." Repercussions are also being felt at other local hospitals, chiefly among medical staffs who realize their bylaws are not quite as secure as they believed. "Other medical staffs are looking carefully at their own bylaws," says Doctor Duhamel, "and how they could be amended unilaterally. All hospital staff members have to be concerned about maintaining the autonomy." ■

Ralph Ward is a Lansing-based freelance writer.

COVER STORY

Major Third Party Payers - A Changing Environment



The way in which physicians and patients deal with third party payers is in a state of flux. And, with the aid and support of MSMS, the end result should be positive for both physicians and patients. To help identify how best MSMS can help physicians and patients tackle their reimbursement woes, MSMS recently established the Task Force to Identify Priorities with Third Party Payers. This month's cover story features the recommendations of the task force along with some key comments from task force members. Also included are: a rundown of the "Principles for Physician Specific Data," which were approved by the MSMS Board of Directors last May; timely information on the upcoming Medicare Carrier Transition, which is scheduled to take place November 1; and a managed care contracting checklist for physicians.

MSMS Task Force Tackles Third Party Payer Problems

By Ralph D. Ward

Some revolutions take forever to begin, but others are well underway before anyone gets around to storming the Bastille. The massive changes in health care being battled out in Washington are in some ways catching up with changes in health care funding that have already altered — and some say aggravated — the way physicians are paid.

Particularly changed has been the way physicians deal with third party payers. Changes in the relations with Blue Cross/Blue Shield, continuing shifts in dealings with Medicaid and Medicare, the rise of HMOs and other powerful managed care operations and, of course, the imminent changes to be wrought by health care reform leave physicians and their practices increasingly isolated. Physicians once held a powerful position in dealings with payers. Diagnoses and treatments were rarely questioned, and bills were duly paid. But the power relationship began some years ago with cost containment measures, with concentration among the major insurers. The mentality of "We'll pay you what we'll pay you," spread throughout the health care system. Managed care organizations nurtured "payer power" — at the expense of providers.

In short, while the third party payer infrastructure has grown more demanding, economy-minded, and all-powerful, physicians have remained independents. The situation is similar to that of today's major manufacturers, who are ever more demanding of their suppliers, but all the while are more willing to stretch out their payments. Physicians must devote ever more of their staff time to paperwork, and to arguing with unimpressed bureaucrats about why a treatment was needed. When an insurer or managed care group is a large percentage of your billings, how do you argue with them, or even make your voice heard?

To assess the status of physicians in their dealings with third party payers, MSMS formed a task force, which issued its recommendations in July, 1994. The Task Force to Identify Priorities with Third Party Payers' purpose was "to determine what our relationship should be with the insurers," according to Barbara M. Mathes, MD, an Okemos dermatologist and task force member. Peter A. Duhamel, MD, a Rochester general surgeon and chair of the group, notes "there are a lot of new players in the field, and some HMOs have several hundred thousand patients. We don't have any clout. Physicians feel a need for the backing of MSMS in their dealings with these payers."

The task force report offers a comprehensive plan for building this "clout." There are six main recommendations:

- MSMS needs to develop incentives for payers to respond to physician concerns, to treat physicians like the "customers" they truly are.
- Expand communications efforts with payers.
- Advocate policies that are in the best interest of all members. Payers and purchasers may seek exclusive arrangements with some physicians. MSMS should work to assure that such arrangements are not made at the expense of other members.

• MSMS should be a leader in promoting value, including the development of preferred practices in data, utilization management, and quality assurance.

• Continue efforts to develop physician's organizations.

• Carefully evaluate the need for litigation and legislation, both of which may be necessary to secure physician's rights.

(An executive summary of the task force's recommendations begins on page 38.)

Communications is key

The need for improving communications places it among the first of the priorities. Efforts will be made to reach out beyond just the payers, to communicate and negotiate with major businesses on their health care needs, as well as to engage the patients themselves. Often, physicians receive the cold shoulder not through payer venality but due to the sheer impenetrability of bureaucracy. According to task force member John H. McLaughlin, MD, a general surgeon with William Beaumont Hospital - Royal Oak, "It's most important to help physicians develop contacts with these payers." Doctor Duhamel sees the value of an effective physician ombudsman with the payers, as currently exists with Blue Cross/Blue Shield of Michigan. Such an ombudsman is "a practice very good for physicians," he says. "[Ombudsmen] can get you through to the inside, and get problems resolved. Too often you're dealing with an uneducated clerk who's looking at a set of guidelines, and turns you down without appeal."

Communications also means physicians should look into "cutting out the middleman" in contracting for health care and should seek to contract directly with corporations themselves. Mark D. Kolins, MD, a pathologist at Beaumont Hospital - Troy, and member of the task force, observes that "in coming up with ways organized medicine can better position itself with third party payers, we have to consider targeting corporations."

Specific tools for physicians

The task force offers some specific tools for building the "clout" aspects of third party payer dealings as well. A Physician Bill of Rights for Contract Obligations lays out specific rights providers should have in their relationship with payers; explicit criteria for terminating contracts; an appeals mechanism; contractual offering to fully-trained physicians regardless of board qualification; adequate time (at least one month) for contract review, and availability of contracts to allopathic and osteopathic physicians. "We want this to be a key piece of any negotiations we do with a third party," says Doctor Duhamel. "I think they will take it seriously when they see the points laid down in print; it will impress them with its fairness."

The termination and appeal aspects are also expected to draw wide physician support. "Current plans say you can be dropped for no cause. Physicians are being dropped not for quality of care, but because they demanded too much for their patients. Some physicians are suddenly dropped from plans that constitute up to 50 percent of their practice. You should know why you're being dropped, and have a due process of appeal," says Doctor Duhamel.

The importance of MSMS in dealing with third party payers led the task force to recommend ways to streamline and expedite society involvement with payers. "It will be necessary for MSMS to develop new avenues in dealing with these changes," according to task force member Donald B. Muenk, MD, an ophthalmologist. "Our most important finding is that we need to have a coordinated approach in our third-party payer dealings." Willard S. Stawski, MD, another task force member, who is also on the BCBSM board, agrees. "Items that would have been handled by separate MSMS committees could now be better handled through a single liaison committee that deals with all third party payers."

Another strong aspect of the task force's findings is a set of principles on the release of physician specific data. (See page 40 for a complete rundown of the principles.) "The release of data to the public and to purchasers might be physician specific, and we're strongly opposed to that," says Doctor Duhamel. The principles call for collaboration of practicing physicians in developing information parameters, accuracy of data, appropriate methodology, right of comment by physicians, release safeguards, emphasis on confidentiality, and regular evaluation of information release programs.

Finally, the task force decided that if disclosure is good for physicians, it must be good for the payers as well. MSMS will develop a "report card" on payers, rating them for their respect of physicians' rights, the quality of their contracts, their dispute resolution process, etc. Such a valuable evaluation, widely publicized, should bring strong physician and public pressure to bear on laggards. ■

Ralph Ward is a Lansing-based freelance writer.

MSMS task force identifies priorities with third party payers

The Task Force to Identify Priorities with Third Party Payers was formed to examine the role of the Michigan State Medical Society (MSMS) in supporting physicians and their patients in dealings with third party payers, and to propose a set of priorities and strategies to enable MSMS to become more effective. Guiding the Task Force was the sense that it is time to explore ways to change the paradigm of third party payer relations; to change the flow of activity from reactive to proactive, to take advantage of opportunities for changing relations and to remember that many current activities are highly valued by members.



Peter A. Duhamel, MD, Chair

Among the most important goals related to bargaining with payers is to develop the ability to influence payers or to facilitate others (patients and individual physicians) to influence payers. There is a need to get third party payers to take MSMS actions seriously. Specific strategies to achieve this goal include learning how to educate payers and purchasers on the true *value,* the cost and quality, of physician services, and then doing it, and emphasizing fact-based communication (in MSMS publications and elsewhere) with members on third party payment and coverage issues. Goals and strategies along similar lines are presented in the areas of contracting, economic power, organizing and lobbying\litigation.

It is expected that adoption of these goals and engaging in these strategies will markedly improve third party relations and meet the needs of MSMS members.

Following is a summary of the Task Force's recommendations:

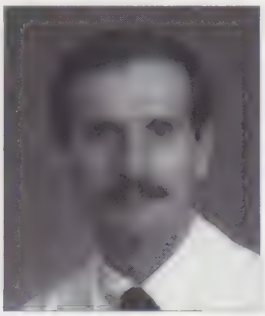
1. MSMS needs to develop incentives for payers to respond to physician concerns. Strategies to secure payer responses to physician concerns include: emphasizing fact-based communications with members; developing and



Susan H. Adelman, MD



Jack L. Barry, MD



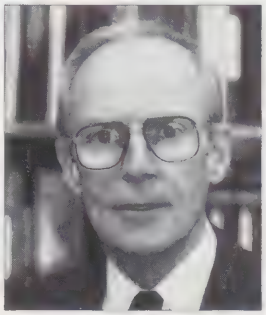
John E. Billi, MD



Robert W. Black, MD



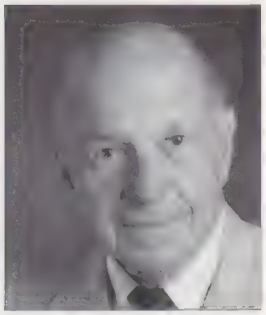
Gilbert B. Bluhm, MD



Marvin Gordon, MD



Mark D. Kolins, MD



R. Ralph Margulis, MD

distributing "report cards" on managed care plans; offering cooperation with payers on mutually beneficial efforts to improve the value of health services; engaging patients in efforts to improve programs and policies; undertaking aggressive efforts to monitor and publicize problem resolution; using direct contacts with purchasers; and pursuing legislative remedies and/or litigation when payers do not respond to physician concerns.

2. Currently, MSMS efforts emphasize communication with payers. Recommendations to **expand the scope of communication efforts** include: direct contact with employers and employees to complement payer communications, developing allies in our discussions with payers and enhancing input on direct contracts between purchasers and physicians; cooperative joint ventures with purchasers, active outreach to union and non-union employees, identification of business coalitions and their needs; and use of a public information campaign to raise questions about whether payer policies are in the best interest of patients.

3. The Task Force recommends that MSMS continue its role as a unifying body for all specialties, facilitating agreements in the best interest of all members. The development of a rapid response team to identify issues and assist in the development of unified, organized approaches to new plans that affect specific specialists is recommended.

4. MSMS should be a leader in promoting value. The development of a "seal of approval" is recommended, focusing on preferred practices in the areas of data, utilization management and quality assurance programs, contract provisions and practice guidelines.

5. Maintaining active efforts to promote and develop physicians organizations continues to be critical in helping physicians respond to the changing environment. These efforts should be supplemented through **continued assistance with individual contract review and development of capabilities to analyze payment arrangements.**

6. The MSMS Board of Directors should continue to carefully evaluate requests to assist with or initiate litigation, and participate when a particular case advances a significant professional interest.

Several options for legislation were considered by the Task Force and should be evaluated by the Board of Directors, including support for federal antitrust reform and the Patient Protection Act. At the state level, the Board may wish to consider pursuing legislation to promote the MSMS Managed Care Bill of Rights; uniform billing requirements; and the MSMS Principles for Physician Specific Data.

The priorities of these goals and strategies for attaining them will appear in the October issue of *Michigan Medicine*. ■



Gary D. Maynard, MD



W. Peter McCabe, MD



John H. McLaughlin, MD



Fred E. Patterson, MD



Krishna K. Sawhney, MD



Victor D. Sonnino, MD



Willard S. Stawski, MD



Thomas E. Stone, MD

Not Pictured: Thomas M. George, MD, Barbara M. Mathes, MD, Donald B. Muenk, MD, Fay Ellen Seppala, MD, Sheldon N. Siegel, MD, Stanley B. Wolfe, MD, *Mary Anne Ford, MSMS, Dean G. Smith, PhD, Consultant.*

COVER STORY

MSMS establishes principles on the release of physician-specific data

By Fred E. Patterson, MD

"Knowledge is the only meaningful resource today." - Peter F. Drucker

"Information is everything." - Tom Peters

"We know so much that isn't so. What we 'know' is what helps hold us back now." - W.E. Deming

We are entering a new age, the age of information and continuous improvement. Continuous improvement is not a new concept in medicine. Medical research has been driven by the motivation to do things better, to increase our knowledge of disease processes so we can find better treatments.

The challenge now for health care is to understand and use data for continuous improvement of the organization and delivery of health care. We must understand what data is needed, how to interpret and organize it, how to test its validity, and how to apply the findings to improve our performance and value to society.

Fortunately we can draw on the knowledge of management-leadership experts like those quoted above. This body of knowledge is foreign to most of us, but its understanding is essential for successful health reform. If we adopt a philosophy of change, we can be more successful in the future than in the past.

There is increasing pressure from all fronts calling for the release of physician-specific data—from consumers, payers, federal and state government, and business. The AMA recently approved a policy on the release of physician-specific data in recognition of the pressures in the environment. It is a critical time, as many initiatives are looming, but there is still time to offer thoughtful input into these ventures and to help physicians understand the implications for their practices.

A subcommittee of the MSMS Advisory Committee on Medical Economics was appointed to review the AMA policy, to discuss the current environment in Michigan, and to determine how MSMS can prepare members for the changes that are occurring in the area of health care data. This subcommittee developed a draft document entitled "MSMS Principles on the Release of Physician-Specific Data," which was approved by the MSMS Board of Directors at its May 1994 meeting. This document is based on the AMA principles, but emphasizes physician-directed, educational data collection efforts and makes specific recommendations about risk adjustments.

The subcommittee consisted of Paul O. Farr, MD, chair; Archie W. Bedell, MD; John R. Billi, MD; and Frederick W. Sherrin, MD.

Subcommittee issues complete report

The medical profession has always invited close scrutiny by peers and others. Collection, analysis, and release of physician-specific data should be aimed at increasing patient health and should utilize methods that will increase the knowledge base of physicians, consumers, government and employers about the quality of care and the impact of health behaviors and social conditions on health. Emphasis should be placed on quality and value, rather than just on cost, and on what opportunities exist to improve the health status of everyone.

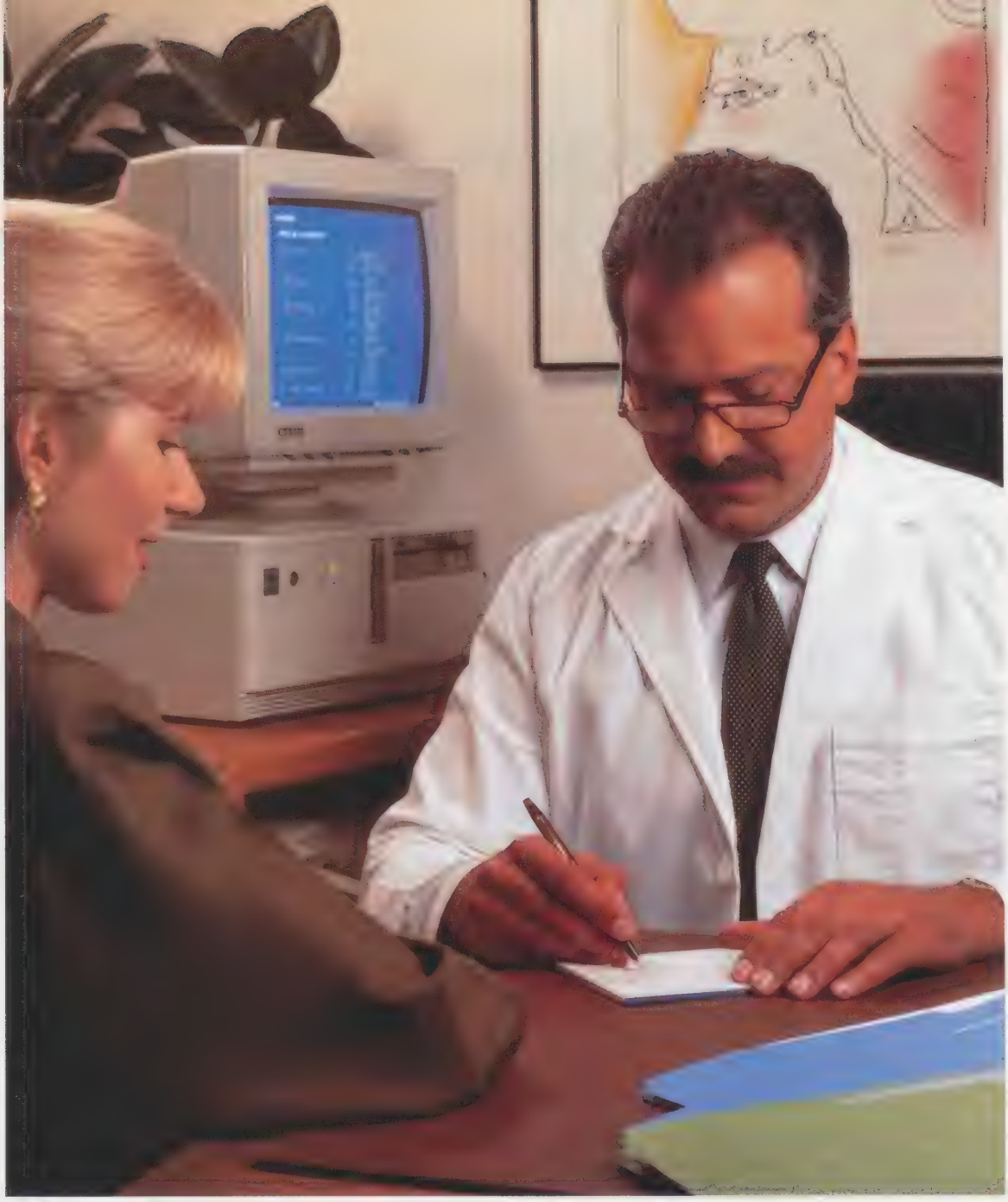
Such efforts should allow a fair process of physician collaboration in the development of measurements and reports, review of databases, and ongoing refinements for accuracy. Indicators should be adjusted for patient characteristics, such as age, sex, case mix, severity, family, social support, lifestyle and workplace factors that impact everyone's health. The primary focus of such efforts should be educational, aimed at improving overall and individual physician performance in regards to quality and efficiency of care, rather than to be used in a punitive fashion.

Nine key principles

The Michigan State Medical Society advocates that third party payers, government entities, and others that collaborate in the collection, analysis, and/or release of physician-specific health care data adhere to the following principles:

- Any effort in collecting and analyzing physician specific health care data shall be developed and implemented in collaboration with actively practicing physicians of the same specialty.
- Physician-specific health care data shall be objective, valid, and accurate, and are to be used primarily for the education of physicians, as well as consumers, employers and government officials. In programs in which public release is the goal, all attention is focused on the exact specifics of risk adjustment. When data are used for educational programs, to identify areas that merit further investigation and improvement of process of care, the efforts can focus on understanding the problem and means for improvement.
- Appropriate methodology will be developed to determine appropriate standards for data collection and assessment.
- Relevant adjustment factors will be used, including: age/sex; socioeconomic status; family/social support; health risks specific to the outcomes; health behaviors such as smoking, substance abuse, diet and exercise; job-specific risk factors; case mix adjustment; severity adjustment; benefit level/structure; and the impact of chance variation.
- Physicians under review and relevant physician organizations shall be provided an adequate opportunity to comment on proposed physician-specific health care data projects and disclosures of their outcomes prior to publication or release.
- Effective safeguards to protect against the dissemination of skewed, preliminary, unadjusted, or misleading results shall be established.
- Reliable administrative, technical, and physical safeguards to prevent the unauthorized use or disclosure of physician-specific health care data shall be developed and implemented.
- Such safeguards shall treat all underlying physician-specific health care data and all analyses, proceedings, records, and minutes from quality review activities on physician-specific health care data as confidential, and provide that none of these documents shall be subject to discovery, or admitted into evidence in any judicial or administrative proceeding.
- The quality and accuracy of physician-specific health care data shall be evaluated by conducting periodic medical record audits and maintaining a mechanism to ensure continuous updating of data under review. ■

Doctor Patterson is chair of the MSMS Advisory Committee on Medical Economics.



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Managed Care Contract Review Checklist

The following checklist describes provisions in one particular kind of contract, a managed care contract, that are in a physician's best interest. This checklist is not exhaustive and not intended as a substitute for a complete evaluation. Therefore, it is strongly advised that you seek legal and business advice prior to executing any managed care contract. In an ideal managed care arrangement, the following would be true:

- The contract sufficiently identifies the party or parties responsible for payment so that you can investigate their financial strength, client base and reputation to determine that the arrangement will be beneficial for you and your patients.
- The contract not only requires payment of your fees within a specified number of days, but also provides meaningful incentives for the payor's compliance with this requirement.
- The contract allows you reasonable time to submit completed bills and allows you to submit bills after the designated time when extra time is required due to circumstances beyond your control.
- The managed care organization (MCO) has provided you with a detailed written description of the procedure for verification of patient eligibility and coverage. The contract also requires the payor to pay you for services rendered pursuant to a mistaken verification if the mistake did not result from your failure to follow the verification procedures.
- The MCO has provided you with detailed description of its utilization review, quality assurance and dispute resolution protocols and the protocols are fair and provide for meaningful input by practicing physicians.
- The contract does not hold you to a standard of medical practice higher than "a reasonable physician acting under the same or similar circumstances."
- If the contract requires you to provide anything other than medical services (for example, your participation in the MCO's peer review committee), it also provides you with adequate legal protection and reasonable compensation for such activities.
- The contract specifies the amount and type of insurance covering the MCO's activities under the contract and provides that you will be covered as an additional insured.
- The contract does not require you to obtain more insurance coverage or different types of insurance than your current insurance.
- The contract does not require that you indemnify and hold harmless any other party.
- The contract does not preclude you from participating in any other MCO or third-party reimbursement plan, or in otherwise competing with the MCO.
- The contract provides you the right to reject any new groups of patients or alternate fee arrangement without terminating your right to provide services to existing patients or groups under the contract.
- The contract does not contain provisions that require you to significantly alter your practice (for example, with respect to availability, referral practices, or staffing).
- You are able to translate the fee schedule into real dollars per hour or dollars per procedure.
- If the contract provides for or contemplates capitation, risk sharing or withhold arrangements, the description of such arrangements are sufficiently clear and detailed to allow you to fully evaluate the risks that you are accepting.
- The contract has a definite expiration date. It provides that prior to the expiration date neither party can unilaterally amend the contract, any related documents, or the fee schedule, or terminate the contract, without cause (which is defined in a manner which is fair to you).
- The contract provides that after termination of the contract, and until the MCO has made medically appropriate referrals of patients who continue to need your service, the payor shall pay your standard fees for services that you render to such patients.
- The contract allows you to bill patients: (a) when the MCO or the payor fails or is unable to pay, (b) for services not covered by the contract and (c) when you have advised the patient that the MCO or payor has determined that proposed services are not medically necessary.
- The contract prohibits the MCO from disclosing any information provided by you or about you in connection with any credentialing or peer review deliberations, unless such disclosure is otherwise required by law.
- The contract prohibits the MCO from using your name in advertisements or marketing without your consent.
- The MCO has provided you with all of the documents which relate to the contract.
- The contract incorporates any verbal representations that the MCO made to you about the plan and its operation. ■

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Medicare Carrier Transition Update

MSMS recently contacted Blue Cross Blue Shield of Illinois to get the latest information on the Medicare Carrier Transition, which will take effect November 1. Following is the information MSMS received.

HCSC-MEDICARE PART B-MICHIGAN
Addresses and telephone numbers for Michigan providers

Health Care Service Corporation (HCSC) has established these post office boxes and telephone numbers for the use of Michigan Medicare B providers:

Service	Location	Effective
Michigan Part B Provider Inquiries & Telephone Reviews	(313) 225-8222 Monday through Friday 8:30 a.m. to 5:00 p.m.	October 31, 1994
Walk-In Customer Service Center	660 Edison Plaza 15 Floor Detroit, MI	November 1, 1994
Michigan Part B Paper Claims	HCSC - Mi. Claims P.O. Box 5544 Marion, IL 62959	October 1, 1994
Michigan Part B Appeals	HCSC - Mi. Appeals P.O. Box 5514 Marion, IL 62959	October 1, 1994
Michigan Fair Hearings	HCSC - Mi. FHrgs. P.O. Box 5530 Marion, IL 62959	October 1, 1994
Michigan Provider Certification*	HCSC - Mi. Prov. Cert. P.O. Box 5530 Marion, IL 62959	October 1, 1994
Michigan Fraud and Abuse	IICSC - Mi. F&A Unit P.O. Box 5518 Marion, IL 62959	October 1, 1994
Michigan Provider Education+	HCSC - Mi. PE Unit P.O. Box 5520 Marion, IL 62959	October 1, 1994

* The Provider Certification Unit assigns new provider numbers & makes changes in Medicare B provider enrollment information such as address, practice type, specialty, group membership & business arrangements. All requests to the Provider Certification Unit should be in writing & include the provider's name & Medicare B provider number.

+ Provider Education conducts provider seminars & workshops; supports communication between state professional medical associations & Medicare B; provides speakers for meetings; & as time allows, provides assistance with program regulations, billing procedures & complex problems.

FREEDOM OF INFORMATION

Freedom of Information Unit

The Freedom of Information (FOI) unit responds to requests for information available as a result of the Freedom of Information Act. This law made certain files maintained by federal agencies, and those acting on behalf of federal agencies such as Medicare B carriers, available on written request. The information most commonly requested by the provider community is the charge and reimbursement data on which Medicare B payments are based, and program materials and manuals pertinent to coverage issues.

Functions	Address
• Fee Schedule by Locality • Lab Fee Schedule • HCPCS 1994 codes (J codes available alone if needed) • Fee Schedules for Clinical Social Workers and Clinical Psychologists • Medigap List • EDI Information • Outpatient Limits • Modifier List • "Bundled & Unbundled" Services List • Surgical Assistants/Payable List of CPT Codes • Post-Op Days List by CPT Code • Global Surgery Modifiers • Ambulatory Surgi-Center Information • Comprehensive Limiting Charge Compliance Program information • Anesthesia Codes • HCFA - 1500 Filing Instructions • Medicare Carrier's Manual Excerpts • 1992 - Present Medicare B Bulletins • MEDPARD Booklets by Region	Effective November 1, 1994: HCSC - Mi. FOI Unit P.O. Box 5521 Marion, IL 62959 Some Freedom of Information requests involve the following costs: • $13 per hour search time after two hours • $.10 cents per page copying after the first 100 pages • Mailing, handling fees All requests exceeding $15.00 billed and payable to the Health Care Financing Administration. An estimate is sent when the charges exceed $150.00. Mail Freedom of Information requests to the address above. Other requests submitted will be considered and answered as needed.

PAYMENT FLOOR WILL BE TEMPORARILY ADJUSTED

Based on a request by Health Care Service Corporation (HCSC), the Health Care Financing Administration has directed Blue Cross and Blue Shield of Michigan (BCBSM) and HCSC to adjust their claims payment floors to ensure that payments to providers and beneficiaries will not be delayed during the transition. The payment floor will gradually be reduced to zero by BCBSM from October 11 through October 26 and will be gradually raised from zero by HCSC from October 31 through November 16, 1994. Claims payment floors will return to their normal parameters by November 17, 1994.

Currently, electronic media claims can be paid as early as the 14th day after the date of receipt. Paper claims can be paid as early as the 27th day after the date of receipt. HCSC issues checks to a provider on any day when claims for that provider clear the payment floor. There is never a delay between issuing and sending a check. For example, if a provider has claims that clear the payment floor on a given day, a check would be issued by HCSC and sent tot he provider for those claims *on the same day.*

Updated Information Regarding Medicare Part B Electronic Inquiries

NOTIS (Network On-line Telecommunication Inquiry System) will be available to Michigan providers who currently submit claims electronically on November 1, 1994.
Access to NOTIS is simple, designed in partnership with electronic claim providers.

How Will You Access This Information?

In October, electronic claim submitters will be sent a package of information containing the telephone numbers to dial to access both NOTIS and EMC-Net, appropriate security identification access codes, and User's Guides for each.

In addition, beginning in November, workshops are being planned to assist you in fully utilizing both systems. Information regarding these workshops will be mailed to electronic submitters in October. In addition, announcements will be made in our monthly Medicare B Bulletins.

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INSURANCE PROGRAMS

Outcomes Measurement
It's a concept physicians need to understand

By Julie L. Lester, MHSA

"The intricate machinery of our health care system can no longer grasp the threads of experience. The mischief that began long before the health care crisis of the 1970s is progressively disabling the vast machinery of medicine. Too often, payers, physicians, and health care executives do not share common insights into the life of the patient. We acknowledge that our common interest is the patient, but we represent that interest from such divergent, even conflicting, viewpoints that everyone loses perspective. As a result, the health care system has become an organism guided by misguided choices; it is unstable, confused, and desperately in need of a central nervous system that can help it cope with the complexities of modern medicine. The problem is our inability to measure and understand the effect of the choices of patients, payers, and physicians on the patient's aspirations for a better quality of life. The result is that we have uninformed patients, skeptical payers, frustrated physicians, and besieged health care executives."

Paul M. Ellwood, MD
New England Journal of Medicine
June 9, 1988

Doctor Ellwood wrote these words in 1988 while still at InterStudy. Much has changed since then; now he is director of the Jackson Hole Group, a health care think tank that influenced much of the current health care restructuring debate with the concept of managed competition. But even though six years have passed, what he said still rings true and the ideas he outlined are now works in progress rather than just visions of what should be.

The idea he challenged the health care industry to embrace was outcomes management, a way of measuring what is achieved through the delivery of health care services. Without adequate information about what the end result of health care is, neither patients, physicians, payers and purchasers can determine the value of that care. Outcomes management is designed to combine data and appropriate statistical tools in a way that provides valuable information for decision making in the health care setting. It is an extension of total quality management (TQM) principles to clinical practice.

Measurement as a first step

At this stage, outcomes measurement is a more appropriate term than outcomes management, since the first step is to understand where the health care delivery system is in order to make improvements. What the stakeholders need to know from outcomes data varies. Patients are most concerned about quality of life and well-being: Have my symptoms been relieved? Will they reoccur? Can I enjoy my normal lifestyle? Physicians need to know symptoms, diagnostic test results and whether complications have occurred. Payers and purchasers (employers) need to know if the care is cost effective and worker productivity is impacted. All of the parties are concerned with the patient's functional status, but the terms they define it in are different.

Outcomes measurement is a long term strategy that can:

- help predict resource consumption;
- identify and adjust patient expectations;
- help patients and physicians choose among treatment options;
- identify targets for quality improvement; and
- reduce financial risk.

It is different from traditional research trials because it is based on observations over time and represents a patient population rather than a pure research sample. But that is also what makes it very valuable—it can be applied in an ordinary physician's practice and allow that physician to understand his or her patient population. When state or national data are aggregated, it also allows that physician to see how

Continued on next page

Continued from previous page

the practice population varies from the aggregate group. The first step to controlling variation is measuring it, and outcomes data allow that to be applied in the clinical setting.

Doctor Ellwood described four components of outcomes management: 1) standards and guidelines; 2) routine measurement of patient functional status and well-being; 3) pooled data; and 4) analyses appropriate for each stakeholder. Much work has already been done in developing practice parameters, but these parameters should be constantly evolving as new information, technology or treatment options become available. Various groups are now in the process of measuring and pooling data for the purpose of developing analyses.

Current considerations

There is already considerable activity at the state and national level that heighten the importance of outcomes research activities. Many organizations are already engaging in measurement activities of one type or another, such as the National Committee on Quality Assurance's report card project, creation of the Center for Health Outcomes by the Michigan Peer Review Organization at the direction of the federal government, and the Joint Commission on Health Care Organization's clinical indicator monitoring system. The Greater Detroit Area Health Council is working on plans to develop an electronic infrastructure to allow health care data to be shared. Other business coalitions around the state are involved in discussions on health care data and accountability. The Clinton Administration health system reform proposal included extensive discussion of quality assessment and improvement, and other proposals, federal and state, acknowledged the importance of quality data. The Michigan Health Data Corporation, a voluntary data consortium that creates a statewide inpatient database, voted in favor of a mandated data bill and is discussing principles that support that activity. As market forces change, physicians and hospitals are increasingly under pressure to be accountable to purchasers for cost and quality data. Physician organizations and physician hospital organizations need to explore data exchange, not only for business purposes but also to provide information to employers for direct contracting opportunities.

In 1988, Doctor Ellwood also said: "During the restructuring experience, we observed that the President can articulate goals but that the private sector is more likely to take bold action... Perhaps the next president might be persuaded to support a health-outcomes strategy, but it is safest to assume that the private sector will initiate the action." In fact, both are true. The Agency for Health Care Policy and Research was created by Congress in 1989 specifically to conduct outcomes research. But the private sector has also been taking action in this area. And even if the extensive quality assessment and improvement measures written into the Clinton proposal do not make it through this round of reform negotiations, the issue is one federal policymakers and elected officials are more aware of and are more likely to act on in the future. In the meantime, practicing physicians must take a close look at outcomes research and evaluate how it can be of value in their daily practice. ■

This is the first in a series of articles on outcomes measurement. The next article, scheduled for the November issue, will provide an update on governmental and private sector outcomes research activities.

Julie Lester is chief of health care research for MSMS.

Ellwood on the Stakeholders

Uninformed Patients

In the end, consumers believe that the only power they have is to choose a physician, hospital, or health plan, yet they still have no way of making an informed choice because they have no way of knowing which choice will yield the best results.

Skeptical Payers

The payers are increasingly skeptical of medicine's willingness or ability to resolve issues of effectiveness and cost, and are emboldened to seek answers on their own, with or without the acquiescence of medicine. Without compelling information on the quality of life, the bottom line will continue to be money.

Frustrated Physicians

Physicians need a powerful management tool to enable them to anticipate and to evaluate the impact of medical care on the patient's quality of life. This will supply the missing ingredient in optimal patient care.

Besieged Health Care Executives

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It's Women in Medicine Month!

Women are "doing pretty well" in the medical profession, according to the American Medical Association. They now comprise close to 20 percent of all US physicians and nearly 40 percent of all medical students.

A recent report of the AMA Council on Long Range Planning and Development noted that the proportion of physicians in general, and of AMA members, who are female has increased — from 13.3 percent and 8.3 percent respectively in 1983 to 19.2 percent and 14.5 percent respectively in 1993. The Council also observed that women in the AMA are moving into leadership positions. From 1983 to 1993, the number of female delegates increased from 1.8 percent to 6.7 percent; alternate delegates from 3.0 percent to 11.5 percent; council members from 0 percent to 2.2 percent; and Board members from 0 percent to 11.5 percent.

A review of Michigan statistics

Following is some statistical information on women physicians in Michigan which was compiled in 1992 for the MSMS Survey on Practice Characteristics.

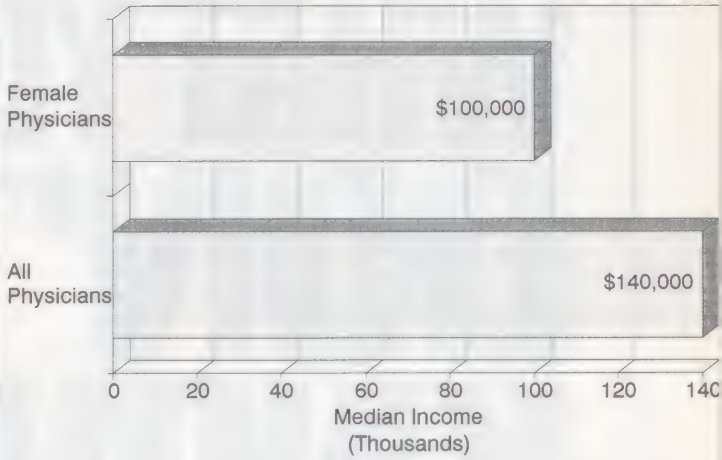
• Women physicians share many characteristics with their male counterparts. With the exception of demographic characteristics, income and liability exposure, female physicians gave similar answers to many questions on the practice environment, attitudes toward early retirement, and experiences with third party payers.

• Female physicians are younger on average than the overall physician population (45.2 versus 49.5 years), and consequently have been in practice a shorter time. The division between primary and specialty care is more balanced than for all physicians. Median income for all physicians is 40 percent higher than for women. This is likely due to a variety of factors, including shorter time in the profession, slightly fewer working hours per week (58 hours for women versus 61 overall), more women that are in salaried positions (36 percent versus 28 percent overall).

• Although women physicians are in group practice in similar numbers, they are far more likely to be in a multiple specialty group than the total population. They also are less likely to have experienced a medical liability suit. Watching this indicator over time may reveal whether this is due to the shorter time in practice or is affected by other variables. ■

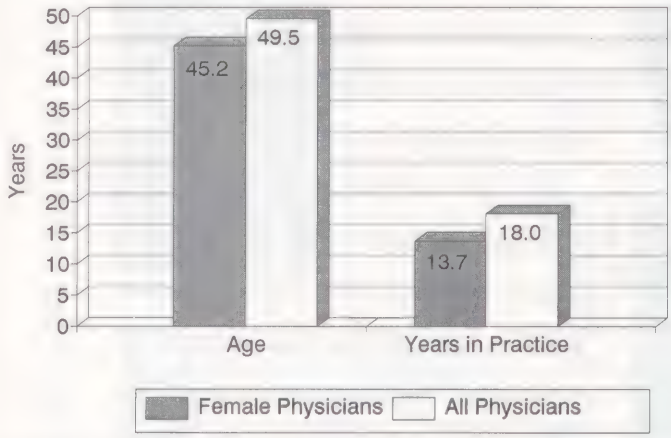
1992 Median Net Income

MSMS Survey on Practice Characteristics



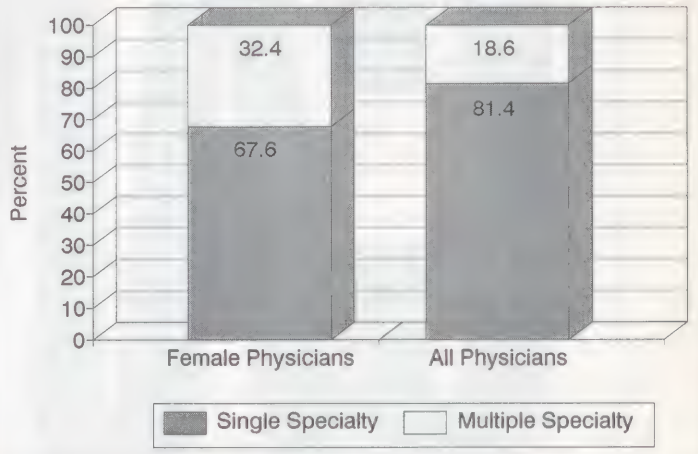
Average Age and Years in Practice

MSMS Survey on Practice Characteristics



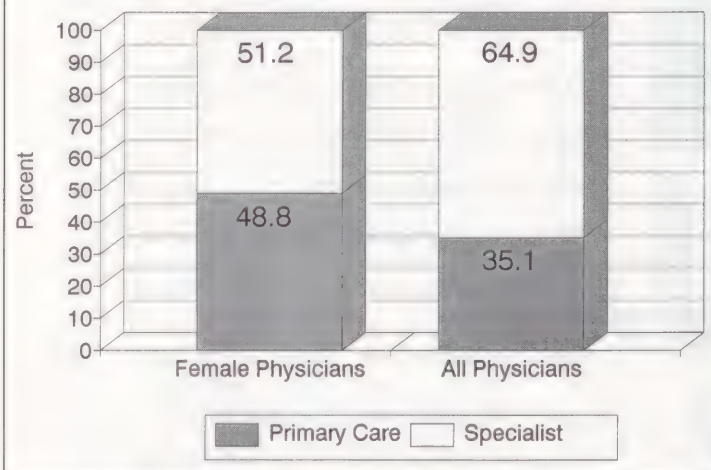
Type of Group Practice

MSMS Survey on Practice Characteristics



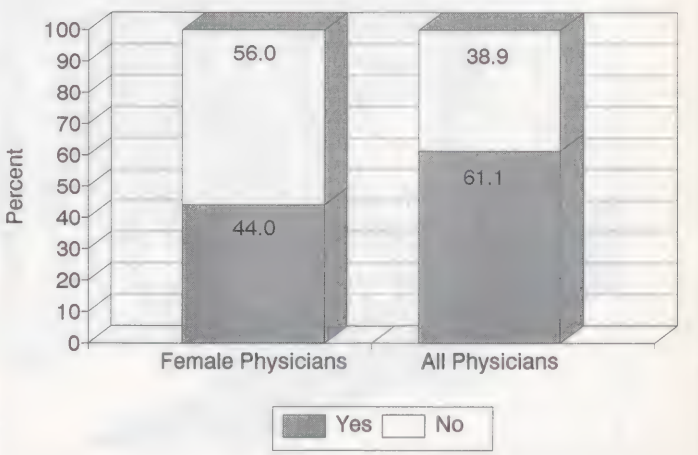
Focus of Practice

MSMS Survey on Practice Characteristics



Ever Had A Liability Suit Brought

MSMS Survey on Practice Characteristics



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It will also make sure your doctor has a say in your plan's medical policies and make it illegal for your plan to fire your doctor for giving you all the care you need. What's more, it will allow you to choose your *own* doctor – instead of having one chosen for you.

In short, the Patient Protection Act requires insurance companies to give you a full explanation of how their plan's limitations affect you. So you and your family can make an informed, intelligent decision about the one thing that's more important than any other. Your health.

This is the moment of truth. Call your senators and representative now. Demand that they support the Patient Protection Act. Because when you're dealing with the insurance industry, what you don't know really can hurt you.

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The benefits of diversification

MPMLC to offer workers' comp insurance in Michigan

By Thomas R. Berglund, MD



Beginning in October, Michigan Physicians Mutual Liability Company (MPMLC) will offer workers' compensation insurance to medical practices and health care entities in Michigan.

Pending state Insurance Bureau approval, a competitively priced product to cover employees' work-related illnesses and injuries will be available to physicians next month.

This new line of insurance is one offspring of our diversification effort. In the past 18 months, we've developed several new lines of insurance: hospital liability, dental professional liability, and workers' compensation in Minnesota. These efforts led to substantial growth in premiums last year and favorable projections for the coming years.

Why choose MPMLC's workers' compensation coverage? Beyond competitive pricing, physicians can take advantage of our 18 years of experience serving physicians, our comprehensive knowledge of physician office risks, and our excellent staff of risk managers to help reduce work-related injuries and illnesses. We're also a Michigan-based insurer, owned by our policyholders. And now we have experience as a workers' compensation insurer from our Minnesota venture.

Why diversify? A look at the market

Diversification is a necessary strategy for physician-owned liability insurers for several reasons.

First, with the changing medical practice environment, we are faced with new liabilities. Our traditional individual physician customer is disappearing. The typical physician now practices in a group, is affiliated with a hospital and often one or more managed care entities. The health care reform proposals have been an impetus for a quicker movement toward building groups and assembling physician organizations (POs) and physician-hospital organizations (PHOs). New or additional liability is created in large medical practices and business entities, such as managed care plans. In response, several physician-owned insurers in other states have packaged liability insurance for managed care entities. These packages may include professional liability insurance for medical errors, directors and officers (D&O) insurance for executive decision-making errors, and errors and omissions (E&O) insurance for business operational errors.

Second, if we don't change with the medical practice environment, we won't survive. We've got to offer what the market needs and wants — just like any other successful business. Medical liability insurers that offer insurance to physicians only will not survive long. But don't take my word for it. Consider this recent unsubtle quote from a national insurance expert (from the July 1994 edition of *Best's Review*, an insurance journal): "With all these new provider groups that include doctors buying hospitals, if you're a physician-only writer, you're out of business. You're also out of business if you write only one line."

Third, there's a lot more competition. More insurers are jumping into new medical liability markets and offering low-priced and underpriced insurance. In this type of environment, it is difficult for an existing company to improve market share. Therefore, growth must come from new ventures.

Benefits of diversification

Diversification has made MPMLC a stronger company. A financially strong company provides strong protection to its policyholders. Our financial security is your professional security. It's that simple.

Through diversification we are able to bolster our financial position, maintain a positive growth rate, and secure capital for new liability insurance products and new lines of business. And we can offer the best products and bring our insureds excellent customer service. That benefits all of our policyholders. ■

Doctor Berglund is president and chairman of the board of MPMLC, the MSMS-endorsed liability carrier. He is also a member of the MSMS Board of Directors.

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OBITUARIES

Sylvia E. Ahronheim, MD
Jackson
Sylvia E. Ahronheim, MD, a retired physician, died January 19, 1994. She was 83. A 1939 graduate of the University of Vienna in Switzerland, Doctor Ahronheim was affiliated with Foote Hospital. She was a member of Jackson County Medical Society and MSMS.

Harold B. Herbst, MD
Detroit
Harold B. Herbst, MD, a retired general surgeon, died May 14, 1994. A 1943 graduate of the Wayne State University School of Medicine, Doctor Herbst was affiliated with Grace and Sinai hospitals and served as medical director at American Motors until his retirement in 1978. He was a member of the Wayne County Medical Society and MSMS.

William G. Grannis, MD
Southfield
William G. Grannis, MD, a retired emergency medicine and family practitioner, died June 13, 1994. A graduate of the Ohio State University Medical School, Doctor Grannis was affiliated with Mercy, St. Joseph and Saint John Hospitals and was founder of Basic Trauma Life Support, Inc. He was a member of the Macomb County Medical Society and MSMS.

Rufus H. Parrish, MD
Detroit
Rufus H. Parrish, MD, a retired psychiatrist, died at the age of 78. A 1938 graduate of Meharry Medical School, Doctor Parrish was affiliated with Sinai Hospital and was the former director of the Walter P. Reuther Psychiatric Hospital. He was a member of the Wayne County Medical Society and MSMS.

Frank D. Richards, MD
Albuquerque, New Mexico
Frank D. Richards, MD, a retired internal medicine and general practitioner, died May 17, 1994. He was 90. A 1931 graduate of the University of Michigan Medical School, Doctor Richards was a past president of the Ingham County Medical Society and a member of MSMS.

Orlo J. Robinson, Jr., MD
Northville
Orlo J. Robinson, Jr., MD, a retired general practitioner, died at the age of 73. A 1946 graduate of Wayne State University School of Medicine, Doctor Robinson was affiliated with Grace Hospital, Detroit Receiving and Children's Hospitals. In 1984, he became the medical director at the Chrysler Corporation. He was a member of the Washtenaw County Medical Society and MSMS.

Emil F. Rupprecht, MD
Detroit
Emil F. Rupprecht, MD, a retired family practitioner, died May 8, 1994. He was 89. A 1931 graduate of Wayne State University School of Medicine, Doctor Rupprecht was affiliated with Grace Hospital. He was a member of the Wayne County Medical Society and MSMS.



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Presque Isle, MI 49777

Richard A. Jackson, MD AN
1005 W. Green St.
Hastings, MI 48849

Dilip S. Arora, MD IM/CD
2680 S. Cleveland Ave
St. Joseph, MI 49085

Badar Ahmed, MD IM
3221 Grange Hall Rd
Holly, MI 48442

Ziauddin Ahmed, MD PD
1170 River Valley Dr. #1166
Flint, MI 48532

Ahmed M. Akl, MD RO
2191 Fox Hill Dr. #12
Grand Blanc, MI 48439

Saleh A. Aldashougi, MD IM
One Hurley Plaza
Flint, MI 48502

Sardar Bahadur, MD IM
One Hurley Plaza
Flint, MI 48502

Mahamad T. Bakri, MD IM
One Hurley Plaza
Flint, MI 48502

Mousa S. Mohamed, MD IM
1222 Vincent Ct #4
Flint, MI 48503

Abdul H. Munis, MD IM
1222 Vincent Ct #3
Flint, MI 48503

Ravikumar R. Peddireddy, MD IM
1222 Vincent St #20
Flint, MI 48503

Syed A. Rizvi, MD
1011 Patrick St #17
Flint, MI 48503

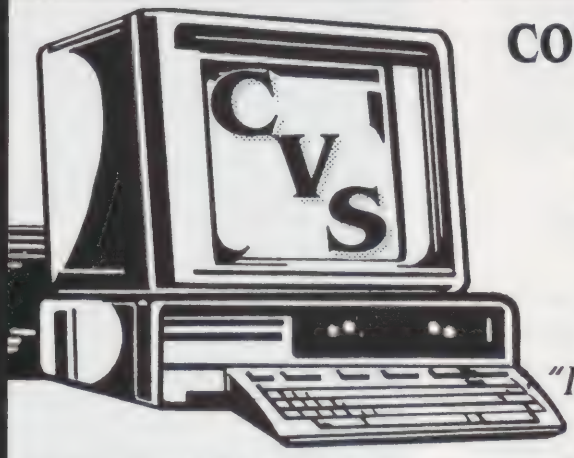
Joseph B. Simmert, DO PD
One Hurley Plaza
Flint, MI 48503

Mohammed Syed, MD PD
1137 Ramsgate Rd #8
Flint, MI 48532

Nita Weber, DO
P.O. Box 1276
Flint, MI 48501

Larry J. Young, MD OBG
G3200 Beecher Rd #M
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MSU, B424 Clinical Ctr
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Kenneth W. Beroza, MD P
4273 Corporate Dr.
Mt. Pleasant, MI 48858

Kenneth A. Fisher, MD IM/NEP
4345 Roxbury Lane
Kalamazoo, MI 49008

D. Dean Downs, MD AN
1810 Wealthy St. SE
Grand Rapids, MI 49506

Akhter Husain, MD P
6896 Woodbrook SE
Grand Rapids, MI 49546

William J. Telford, DO AN
1810 Wealthy St
Grand Rapids, MI 49506

Monroe D. Dowling, Jr, MD ON/IM
42815 Garfield Rd
Clinton Twp, MI 48038

Richard M. Singer, MD HS
4160 John R #1026
Detroit, MI 48201

Robert Crompton, MD FP
1000 Lawndale St
Ludington, MI 49431

Mehradad Shafa, MD PD
1322 Mario Dr.
Monroe, MI 48161

William F. Kirchhaine, Jr, MD GP
7524 W. 56 St
Fremont, MI 49412

Ernest T. Ostermann, MD DR
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Muskegon, MI 49443-0208

Samir Alsawah, MD IM/ON
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Royal Oak, MI 48073

Michael G. Edwards, MD DR
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20905 Greenfield #406
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Continued on next page

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Ann Arbor, MI 48104

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New Research on HIV Treatment for Pregnant Mothers Unveiled at Conference

By Ralph D. Ward



Theodore B. Jones, MD, assistant professor of obstetrics and gynecology at the Wayne State University School of Medicine, conducted two sessions during the day-long conference on "HIV Prevention and Care for Obstetrical Service Providers," held May 18 in Detroit. Doctor Jones discussed "Protocols for Risk Assessment and Risk Reduction," and "Prevention of HIV Disease in Newborns: The 076 Trials."

Treatment with AZT can have a dramatic effect on the transmission of HIV from pregnant mothers to unborn children, according to research conducted in part in Michigan. The research was supervised by Theodore Jones, MD, an obstetrics and gynecology specialist affiliated with the Wayne State University School of Medicine and Hutzel Hospital.

Doctor Jones offered a report on the trials at the "HIV Prevention and Care of Obstetrical Service Providers," conference in May, which was co-sponsored by MSMS.

According to Doctor Jones, the randomized, double-blind study was sponsored by the National Institute of Childhood Diseases to gauge the effect of Zidovudine (ZDV) on perinatal transmission of HIV. The study, which commenced in 1991, involved HIV-infected pregnant women without overt evidence of AIDS and at 14 to 34 weeks gestational age. The women had also received no previous antiretroviral treatment. The test group received antepartum Zidovudine five times daily (100 mg doses, orally) throughout the pregnancy, intravenous ZDV during labor, and oral administration to the child every six hours during the first six weeks postpartum. The randomized control group in the test received a placebo.

ZDV use effective

Interim results of the trial, known as ACTG 076, indicate effectiveness of ZDV in limiting HIV transmission from mother to infant. Of the 180 infants treated in the ZDV group, according to Jones, 12 became infected with the HIV virus, while of the group receiving the placebo, 40 subsequently tested positive. A comparison of the two groups shows a 67.5 percent reduction in the risk of transmission through use of the ZDV regimen.

"The test would seem to show a couple of things," says Doctor Jones. "Treatment of women with ZDV during the six weeks (before term) significantly reduces the risk of HIV transmission."

The second crucial factor found by the study, says Doctor Jones, is that "the regimen is well tolerated." Both mothers and infants exhibited few side effects from the treatment, the most notable problem being lowered hemoglobin levels among infants in the ZDV group. However, Doctor Jones notes that the study does not offer data on the long-term effects of prenatal ZDV treatment, thus protocols for long-term followup have been set up.

Encouraging results

Based on the encouraging results of the ACTG 076 trials, the Public Health Service has recommended that physicians and other health care providers inform physicians of their implication. HIV positive pregnant women meeting the protocol eligibility should also be informed on the possible benefits, but also the unknown long-term risks. Further research along these lines is likely, with particular emphasis on optimum time to begin treatment, as well as dosages and the value of postnatal followup treatment. ■

Ralph Ward is a Lansing-based freelance writer.

Conference Addresses HIV Infection in Women

Approximately 150 Michigan health care providers attended a day-long conference on "HIV Prevention and Care for Obstetrical Service Providers," held May 18 in Detroit. The conference was co-sponsored by the Michigan Department of Public Health and the MSMS AIDS Provider Education Project.

Nine speakers presented at the conference on topics ranging from "The Disease Course of HIV in Women" to the "Prevention of HIV Disease in Newborns.

Following are photo highlights of the conference.



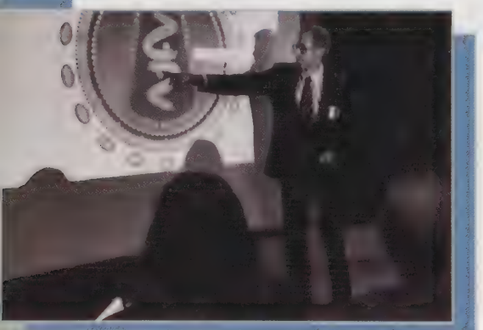
Primary care physicians, nurse practitioners and nurse midwives gathered at the Westin Hotel, Detroit, to learn how to detect and prevent the spread of HIV infection in women.



Noted AIDS expert Evelyn J. Fisher, MD, discussed the role of obstetrical service providers in HIV primary care. Doctor Fisher, formerly of Henry Ford Hospital, Detroit, is an associate professor with the Department of Medicine, Division of Infectious Disease, at the Medical College of Virginia.



Ronald M. Davis, MD, chief medical officer, Michigan Department of Public Health, moderated the first half of the day-long conference and offered his views regarding the debate in Michigan about mandatory testing of newborns.



Jeffrey P. Massey, Dr PH, conducted a workshop on laboratory testing considerations for HIV. Doctor Massey is a microbiologist at the Michigan Department of Public Health and is an expert in polymerase chain reaction for the detection of HIV disease.



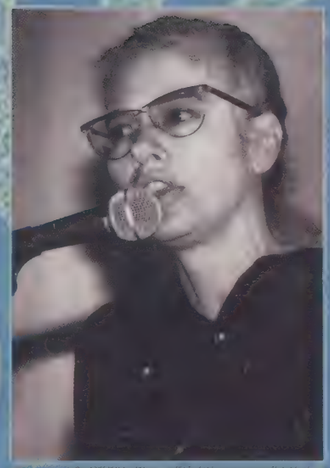
Randall Pope, of the HIV/AIDS Prevention and Intervention Section, Michigan Department of Public Health, moderated the second half of the day-long program.



Judene M. Bartley, MS, MPH, CIC, conducted a workshop on the specific aspects of universal precautions in the obstetrical setting. Bartley is an infection control practitioner at Harper Hospital and is an expert in infection control and universal precautions policy and practice.



Three HIV-infected women offered their perspectives on what it's like to be HIV-positive during a panel discussion held during the conference. Shown (l to r) are: Kellie Miller, Tammy Boccomino and Kathy Gerus.



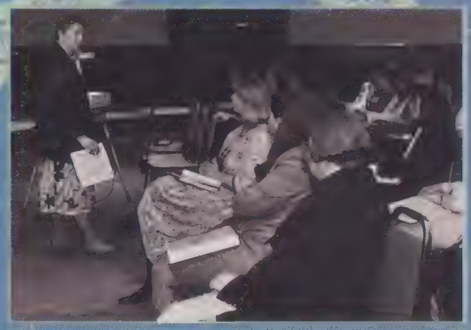
Paula Schuman, MD, a practicing physician providing primary and tertiary care to HIV-infected women, explored the disease course of HIV in women.



Melinda Love-Dixon, MD, director of communicable diseases, Detroit City Health Department, conducted a workshop on the responsibility of the medical community in responding to HIV.



Carolyn Britton, MD, a neurologist and member of the New York State AIDS Advisory Council, discussed the New York experience concerning mandatory testing.



Mary Kay Urick, EdD, director of academic services, College of Lifelong Learning, Wayne State University, conducted a workshop on the role of substance use in decision-making.

MSMS SALUTES THE 132 MEMBERS OF THE AIDS SPEAKERS BUREAU

In the first eight months of 1994, the AIDS Speakers Bureau received 220 requests for speakers — and the requests continue.

These dedicated individuals utilize a variety of resource materials — including slides, videotapes, brochures and other written materials — to help educate health professionals on AIDS/HIV prevention, detection and treatment. MSMS salutes the members of the Speakers Bureau for their dedication and service.

Susan Adkins, RN
Robert Allaben, MD
Janice Anderson, Atty.
Laura Ashton, RN
Jeffrey Band, MD
Judene Bartley, MPH
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Douglas Mack, MD
Tom Madhavan, MD
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Norman Markowitz, MD
Odalys Martin
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Emily K. Meuleman, RN
Kellie Miller
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Eve Mokotoff, MPH
John Molinari, PhD
Catherine Moore, RN
Willys F. Mueller, MD
Mary Neuman, RN
Marc Nienhuis, PharmD
Russell Olmsted, MPH
David Ostrow, MD, PhD
Kathleen Peterson, MS
Randall Pope
Laura Redoutey
Kathleen Reed, JD, BSN
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Abby Resenthal, MPH
Dale Ross, MSW
Nathaniel Rowe, DDS
Ruth Anne Rye, RN, BS
Constance Rowley, RN, MEd.
Bernard Sabatini, CDT
Louis Saravolatz, MD
Alexandra Sauber, RN
Glenda Shell, RN
Paula Schuman, MD
Marvin Sherman, MD
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Dean Sienko, MD
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Richard Tooker, MD, MPH
Mary Kay Urick, EdD
Nancy Vecchioni, MSN
Ronald Walker, JD
Karal Wasserman, MSW
Alan Weathers, MS
Judy Weber
Susan Williams, RN

To request a speaker, or for more information, contact Bonnie McCauley at MSMS at 517-336-5772.

A look at the MSMS AIDS Provider Education Project

The AIDS Provider Education Project was established in 1987, in conjunction with the Michigan Department of Public Health, to provide accurate and up-to-date HIV/AIDS prevention and treatment information to health care workers across the state.

Since forming, members of the HIV/AIDS Speakers Bureau have reached over 70,000 people with information ranging from universal precautions and other infection control advice to legal issues surrounding HIV. The Speakers Bureau has available nearly 200 trained professionals to conduct training sessions and provide information on many topics. The sessions can be tailored to suit the needs of many audiences.

In addition to the Speakers Bureau services, the AIDS Provider Education Project also has a video and slide library to assist speakers with presentation material. The slides and videos are available to anyone requesting them.

For information about the MSMS AIDS Provider Education Project, contact Tom Seely at 517-336-5770 or Bonnie McCauley at 517-336-5772.

MEETINGS

MSMS Meetings

September

8, 16, When You're On the Line: Telephone, Reception and Scheduling Techniques for Today's Front Office Staff. 8, Kalamazoo; 16, Traverse City. Contact Robert Lott at (517) 336-5767.

13, 14, 27, 29, Closed Claim Review Sessions for Pediatrics. 13, Treasure Island, Saginaw; 14, Novi; 27, WMU Regional Center, Grand Rapids; 29, MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

14, MSMS Board of Directors Meeting, MSMS headquarters, East Lansing. Contact MSMS Executive Director William E. Madigan at (517) 337-1351.

15, 19, The Office Staff and Professional Liability. 15, Traverse City; 19, MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

16-17, Masters Series II, PO/PHOs: Up and Running Across the USA. Ritz Carlton, Dearborn. Contact Shannon Stockwell at (517) 336-5776.

19, MSMS Alliance Board Meeting, East Lansing. Contact Dawn Reha at (517) 336-7589.

21, MSMS Committee on Concerns of Women Physicians Domestic Violence Forum, Michigan Library and Historical Center, Lansing. Contact Stacy Kohmetscher at (517) 336-5755.

28, 29, Risk Management Clinical Conferences for Professional Liability and Laparoscopic Abdominal Procedures. 28, Novi; 29, Grand Rapids. Contact Debra Metro at (517) 336-5769.

29-October 1, Masters Series II, Physician Executive Leadership Institute. University of Michigan School of Public Health, Ann Arbor. Contact Debra Metro at (517) 336-5769.

October

3, 11, 12, 18, 29, Closed Claim Review Sessions for Internal Medicine. 3, WMU Regional Center, Grand Rapids; 11, Treasure Island, Saginaw; 12, Novi; 18, MSMS Headquarters, East Lansing; 29, Novi. Contact Debra Metro at (517) 336-5769.

Continued on next page

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MEETINGS

Continued from previous page

3, 11, 13, The Office Staff and Professional Liability. 3, Grand Rapids; 11, Saginaw; 13, Novi. Contact Debra Metro at (517) 336-5769.

6-9, MSMS/Society for Professional Well-Being National Conference "Being Well: Fostering Effective Relationships." Ritz Carlton, Dearborn. Contact MSMS at (517) 336-5738.

12, Coding Clinic for Specialties (Surgical). Detroit. Contact Roberta Lott at (517) 336-5767.

21, The Exceptional Medical Assistant. Dearborn. Contact Roberta Lott at (517) 336-5767.

19, 20, Risk Management Clinical Conferences, Diagnosis and Management of Cervical Abnormalities. 19, Novi; 20, Grand Rapids. Contact Debra Metro at (517) 336-5769.

19-23, American Society of Anesthesiologists House of Delegates, San Francisco, California. Contact Caroline Kimmel at (517) 336-7585.

21-22, Masters Series II, Managed Care: Retooling for a New Era. Amway Grand Plaza Hotel, Grand Rapids. Contact Shannon Stockwell at (517) 336-5776.

26, Practice Parameters Update. MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

27, Fundamentals of Risk Management. Kalamazoo. Contact Debra Metro at (517) 336-5769.

November

2, 1994 Supervisory Skills Series: "Mastering the Art of Medical Office Management. Session III: Creating a Great Place to Work. Novi. Contact Roberta Lott at (517) 336-5767.

3-5 MSMS Annual Scientific Meeting: Complete Your CME Puzzle. The Dearborn Inn, Dearborn, MI. Contact Sarah Cressman at (517) 336-5727.

8, 9, 15, 16, Closed Claim Review Sessions for Obstetrics/Gynecology. 8, Treasure Island, Saginaw; 9, Novi; 15, WMU Regional Center, Grand Rapids; 16, MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

10, Fundamentals of Risk Management. Wayne County Medical Society, Detroit. Contact Debra Metro at (517) 336-5769.

15, Risk Management Clinical Conferences for Professional Liability and Breast Cancer. Novi. Contact Debra Metro at (517) 336-5769.

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MEETINGS

16, MSMS Board of Directors Meeting. MSMS headquarters, East Lansing. Contact MSMS Executive Director William E. Madigan at (517) 337-1351.

17, 22, 28, 29, 30, Closed Claim Review Sessions for Office Staff. 17, Muskegon; 22, Grand Rapids; 28, East Lansing; 29, Novi; 30, Petoskey. Contact Debra Metro at (517) 336-5769.

21, 22, Emerging Trends and Future Directions in Health Care Information Systems. 21, Grand Rapids; 22, Kalamazoo. Contact Roberta Lott at (517) 336-5767.

AMA Meetings

December

4-7, AMA Interim Meeting. Hawaii. Contact: Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

Michigan Specialty Society Meetings

September

14, Michigan Association for Medical Education, University Club, East Lansing. Contact Viola Heins at (517) 336-7586.

21-25, Michigan Society of Internal Medicine, Grand Traverse. Contact Caroline Kimmel at (517) 336-7585.

October

5-8, Michigan Society of Respiratory Care Fall Conference, Gaylord. Contact Caroline Kimmel at (517) 336-7585.

November

2, Michigan Dermatological Society, Wayne State University, Detroit. Contact Dawn Reha at (517) 336-7589.

10, Michigan Medical Group Managers Association Fall Meeting, Grand Rapids. Contact Caroline Kimmel at (517) 336-7585.

National Specialty Society Meetings

October

2, American Medical Association Alliance Conference I. Contact Dawn Reha at (517) 336-7589.

6-9, American Society of Internal Medicine House of Delegates, Dallas, Texas. Contact Caroline Kimmel at (517) 336-7585.

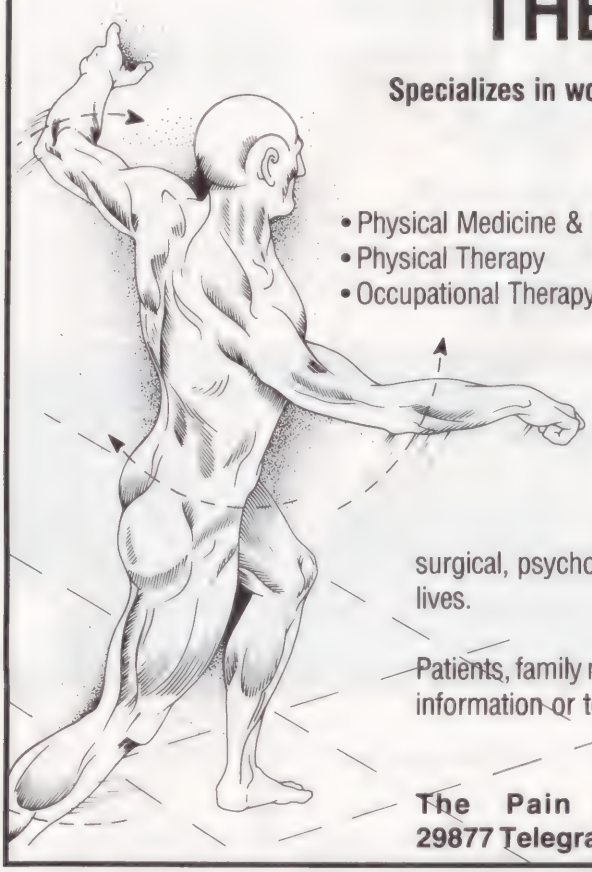
Other

October

7, Great Lakes Chapter of the Society for Public Health Education Annual Conference. Sheraton Inn, Ann Arbor. Contact: Carolyn Cady, Kent County Health Department, 700 Fuller, N.E., Grand Rapids, MI 49503, 616-336-3801. ■

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CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

SEPTEMBER

16-17, EGD (Gastroscopy). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 12.0 hours of Category I Credit.

20-21, Advances in Body CT and MRI. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 14.0 hours of Category I Credit, 14.0 hours of Category 2A Credit, AOA.

22-23, Annual Seminar in Diagnostic Ultrasound, 16th Anniversary Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 15.0 hours of Category I Credit, 15.0 hours of Category 2A Credit, AOA.

26-27, Update on Pulmonary and Critical Care Medicine. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Profes-

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CATEGORY I COURSES

sions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 14.0 hours of Category I Credit, 14.0 hours of Category 2A Credit, AOA.

28-29, Office Procedures for Primary care Physicians, Sixth Annual Workshop Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 16.0 hours of Category I Credit, 16.0 hours of Category 2A Credit, AOA.

OCTOBER

1, Surgical Radiography: Technologist Strategies for Excellence in the Operating Room. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan, 48106-1157, (313) 763-1400. **Approved for:** 6.5 hours of Category I Credit, 6.5 hours of Category 2A Credit, AOA.

6-8, The Sixth Annual Modern Perinatal Problems. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA.

7, Coloscopy Update. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 7.25 hours of Category I Credit.

7-9, Michigan Chapter of the American College of Cardiology Sixth Annual Conference. Location: Park Place Hotel, Traverse City, Michigan. **Sponsor:** Michigan Chapter of the American College of Cardiology. **Contact:** Alice Betz, 517-663-6622. **Approved for:** 8.5 hours of Category I Credit.

Continued on next page

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CATEGORY I COURSES

Continued from previous page

8, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 6.25 hours of Category I Credit.

12, Flexible Sigmoidoscopy/ Hemorrhoid Treatment. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 8.0 hours of Category I Credit.

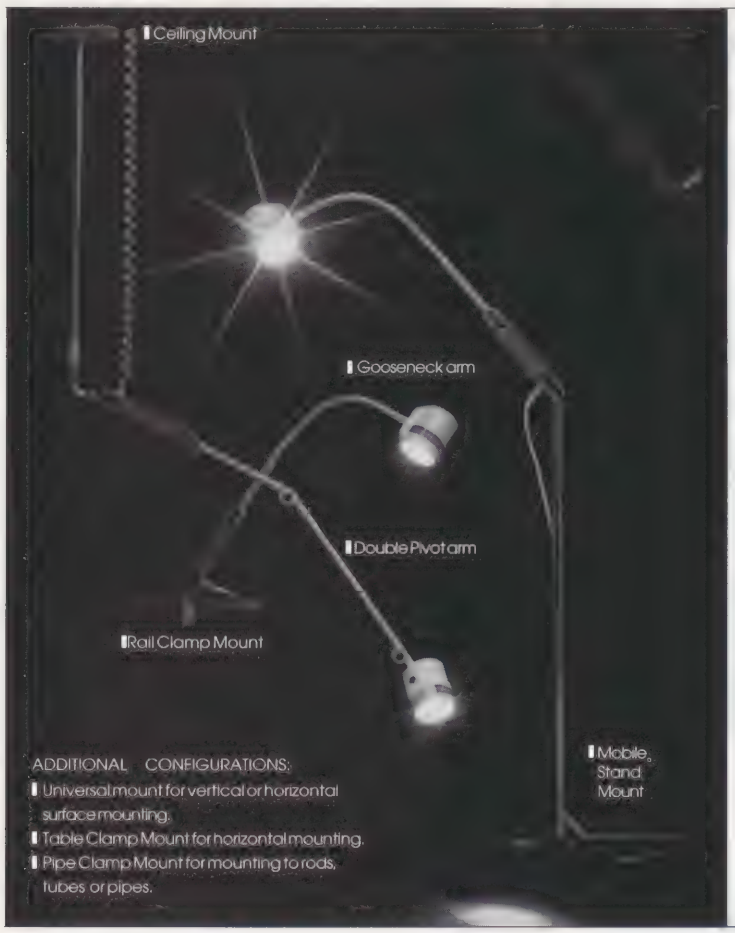
12, Depression in Primary Care. Location: Plaza Hotel, Southfield, Michigan. **Sponsor:** University of Michigan Medical School, Departments of Family Practice and Psychiatry. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan, 48106-1157, (313) 763-1400. **Approved for:** 4.0 hours of Category I Credit, 4.0 hours of Category 2A Credit, AOA.

13-14, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 15.5 hours of Category I Credit.

15, Advanced Suturing/Coding and Billing Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 7.5 hours of Category I Credit.

17-18, 13th Annual Michigan Statewide Conference on Child Abuse and Neglect. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, University of Michigan Hospitals Child Protection Team, Michigan Committee for the Prevention of Child Abuse. **Contact:**Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan, 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA.

22, Care of the Terminally Ill Patient in the Primary Care Setting. Location: Towsley Center, Ann Arbor, Michigan. **Spon-**



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sor: University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan, 48106-1157, (313) 763-1400. **Approved for:** 6.5 hours of Category I Credit, 6.5 hours of Category 2A Credit, AOA.

27-28, Neonatology 1994: Gadgets, Gizmos and Good Ideas. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 13.0 hours of Category I Credit, 13.0 hours of Category 2A Credit, AOA.

NOVEMBER

4-5, Advances in Psychiatry VI 1994. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Psychiatry. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 14.0 hours of Category I Credit, 14.0 hours of Category 2A Credit, AOA.

4-5, Sclerotherapy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 11.25 hours of Category I Credit.

10-11, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 15.0 hours of Category I Credit.

10-11, Advanced Trauma Life Support, Student Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Office of Continuing Medical Education, Department of Surgery, American College of Surgeons Committee on Trauma, Michigan Committee on Trauma. **Contact:** Steve Cruise, Towsley Center, Department of Postgraduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 18 hours of Category I Credit. ■

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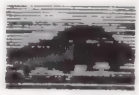
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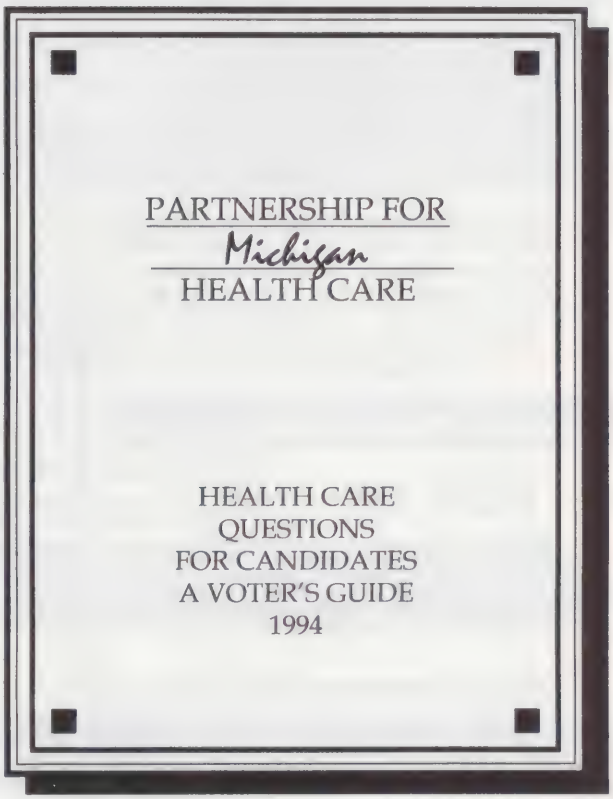


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Civitec 55
Colonial Valley Software 56
CompHealth 58
Curare 78
DMC Rehab Institute of MI 31
DMC Health Centers 77
Doctor Chioda 75
Doubleday Bros. & Co. 72
Foote Hospital 78
Great Lakes FSBC 74
Great Lakes Medical Equipment ... 68
Harper Associates 71
HPSC 63
IC System 57
Innovative Communications 42
Intrav 4
Meadowbrook ..... IBC
Medical Billing Corp. 8
Medical Billing Service 2
Mercer, Inc. 66
Mercy North 74
MPMLC ..... BC
MSMS Group Insurance Trust 11
MSMS Physician's Law Guide 12
Naples Realty 75
North Memorial 70
Oakwood Downriver 74
OmniCare 16
Pain Institute 65
Palisades Pharm 23
PC Medical 72
Physician Service Group 1
Physicians Leasing 69
PICOM ..... IFC
Pincus 77
Premier 75
Professional Practice Sales 71
Rehmann Robson 79
Sisters of St. Joe 75
St. Francis Inc. 15
St. Luke's 71
Stratton Cheeseman & Walsh 46
Strelchek & Assoc. 74
Three Rivers 72
Trans Global Tours 49
Trans National 6
US Army 67
War Memorial 64

PRESIDENT'S PAGE

Take advantage of our "Making the Rounds" program

By Jack L. Barry, MD



In the good old days we had circuit riding judges, revivalist preachers and traveling salesmen.

These days our judges are glued to their benches on CNN, our clergy are firmly fixed in their pulpits on Sunday morning TV and our salesmen shout at us on the Home Shopping Network.

So maybe it's a just bit old fashioned, or maybe it's avant garde, that MSMS is putting its show on the road, in person, to really reach out and touch its members.

The "show" is called "Making the Rounds." It features a variety of staff experts in reimbursement, medical liability, managed care, Medicare, health system reform, risk management, practice management, direct reimbursement to allied health professionals, physician organizations and physician-hospital organizations, to name just a few of the topics. Staff are from MSMS, county medical societies and our co-sponsor, Michigan Physicians Mutual Liability Company.

Now, more than ever, physicians must be aware of the changes swirling around them. There are none better to provide the most current information than staff members from county medical societies, MSMS and MPMLC. That's what they do. They dedicate themselves to keeping abreast of the latest information on *every* issue of importance to physicians and they want to get that information to you in the most timely and most convenient method for you.

By taking our staffs right to the physician's doorstep, we are providing a service that other organizations erroneously believe can be delivered through impersonal mailings or inaccurate word of mouth. MSMS, MPMLC and our county medical societies are growing while other associations are seeing a decline in membership because of our innovations and our responsiveness to our members. This is yet another example.

"Making the Rounds" staff already have pitched their tent at Blodgett Medical Center in Grand Rapids, Heritage Hospital in Taylor and Munson Medical Center in Traverse City.

They are scheduled to mix with the medical staff at Bronson Methodist Hospital on September 7 and Holy Cross Hospital in Detroit on September 13; face physicians at Northern Michigan Hospitals in Petoskey on September 28 and dialogue with doctors at William Beaumont Hospital in Royal Oak on November 14.

In addition to making themselves available at these sites to answer physicians' questions, our experts also speak on a variety of pertinent issues at the regularly scheduled hospital medical staff meetings.

If you would like to have the "Making the Rounds" team at your hospital, please contact either F.B. "Tom" Plasman, manager, Physician Hospital Relations, at MSMS at 517-336-5724, or Tom Wolff, chief, PO/PHO Development & Legal Affairs, at 517-336-5740. There is no cost to you.

If you're tired of the mass media making you manic, it's time to take a refreshing plunge back to the future. Talk quietly, one-on-one, with someone who really cares about what is happening to you, what is happening with your profession.

We would be glad to be "Making the Rounds" at your hospital. ■

Doctor Barry is MSMS president.

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Award-Winning Journal of the Michigan State Medical Society



COVER STORY

1994 Elections Get Involved!

MSMS spearheads formation of the Alliance for Judicial Accountability

MSMS supports Griffin and Weaver for high court

House and Senate Races Hot!

MDPAC endorses candidates

Physicians support gubernatorial candidates

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A 24-page guide to the 1994 MSMS Annual Scientific Meeting

MSMS offers new long term care insurance program

A review of the new Comprehensive Community Health Models initiative

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MICHIGAN MEDICINE

OCTOBER 1994 VOLUME 93, NO.10

Award-Winning Journal of the Michigan State Medical Society

Cover Story

The 1994 elections are just around the corner. Now more than ever physicians need to get involved. This year, two candidates will be elected to the Michigan Supreme Court, a judicial entity which could overturn our decades of struggle for medical liability reform should the right candidates not be elected. In addition, the entire State Legislature is up for re-election and two candidates are running for State Governor. MSMS is actively involved in the election process and is working hard to encourage all physicians to take an active part in supporting the candidates of their choice. Take time to read this important cover story and learn what you can do to help get the appropriate candidates elected. You may regret it if you don't.

Page 14



FEATURES

31

Long Term Care - A Long Term Investment

After considerable study, the MSMS Group Insurance Trust has identified and located a long term care insurance program for MSMS members. This article describes the program's features and how you can take advantage of this outstanding program.

By Valerie A. Barker

33

A 24-page guide to the 1994 MSMS Annual Scientific Meeting

Turn to this information-packed feature to learn everything you need to know about the 1994 MSMS Annual Scientific Meeting.

57

Health Care Reform - A Community-Based Alternative

A review of the Comprehensive Community Health Models initiative - A new Michigan-based program funded by the W.K. Kellogg Foundation.

By Pamela A. Paul-Shaheen

63

Board of Medicine Actions

DEPARTMENTS

5 Letters
7 MSMS on the Move
9 Legal Briefs
11 Risk Management Exchange
13 Soundoff!
65 New Members
71 Obituaries
73 Meetings
75 Category I Courses
80 Classifieds
87 Advertising Index
88 President's Page

In next month's issue:
Report to MSMS members

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LETTERS

Patients, not nurses or physicians, must come first

Editor's note: The following letter was written by Nancy W. Dickey, MD, of the AMA Board of Trustees, and was submitted to USA Today for publication.

This country is in the midst of a dramatic reform of its health care delivery system, a reform that has been sorely needed for years and that is bound to benefit patients and those who provide their care. Unfortunately, some are using this long-awaited transition to divide and alienate those natural allies who should instead be coming together to build the health care system of the future.

Nowhere is this more apparent than in the op-ed piece, "Nurses can do much more," by Echo Heron (USA Today, Aug. 8). While the American Medical Association attempts to work with the American Nurses Association to further the consensus and collaboration that has always existed among doctors and nurses, Ms. Heron offers up name-calling and demeaning stereotypes of physicians, which she tries to reinforce with one pathetic anecdote about a first year hospital resident.

I take a back seat to no one in my admiration for the nursing profession and the cool competence and everyday heroics of Americans nurses. Certainly they too hold patient's lives in their hands. They are irreplaceable members of a collaborative health care team and their achievements over the years have always brought them great honor.

Nurses are certainly qualified to practice some primary care, but not 80 percent. My physician training included four years of college, four years of medical school and three years of residency in family medicine — 11 years of education and training. Advanced practice nurses have two to four years of college and a maximum two years of additional training, but frequently less. Two years of post-college training is inadequate to manage diabetes, high blood pressure, or asthma. There are no short cuts to developing the skills necessary to diagnose and treat disease.

This is a quality of care issue, not a gender issue. I am proud that women entering medical school in 1992 represented 41.8 percent of that year's class. Neither is it a question of "turf battles," though Ms. Heron sees it that way. It is a question of dedication, skills, years of training, and clinical judgement. And physicians, who have the widest range of training and experience, must bear responsibility for the health care team.

Patients — not nurses or physicians — must come first. And both professions must find a definition of collaboration for the betterment of the patient. Stereotypes and anecdotes do not further the health care debate. ■

Nancy W. Dickey, MD
AMA Board of Trustees



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MSMS ON THE MOVE

Preparing physicians for change

Doctors: To keep medical liability reform law intact, be sure to vote in Supreme Court elections!

Your vote can determine the future of the state's medical liability reform law. How? Two Michigan Supreme Court seats are up for election in November. Whoever sits in those seats likely will be voting, along with current justices, on the constitutionality of medical liability reform. The Michigan Trial Lawyers Association has filed a constitutional challenge to the law, which took effect April 1.

By educating yourself about the high Court elections, becoming familiar with what each of the four candidates stand for and then voting on November 8, you can have strong input into a race that few voters pay attention to.

MDPAC and MSMS endorse Richard Griffin and Elizabeth Weaver for Michigan Supreme Court!

The Alliance for Judicial Accountability (AJA), spearheaded by MSMS, the Michigan Association for Osteopathic Physicians and Surgeons and the Michigan Hospital Association, has interviewed the four state Supreme Court candidates and researched their legal decisions as lower court judges. AJA member groups, including MSMS, are getting candidate information out to their members, in turn, to help them make informed voting decisions.

Call Donna LaGosh at MSMS at 517-336-5788 or Judy Marr at 517-336-5744 for details on the candidates and a list of things you can do to support them.

Free MSMS booklet outlines health questions for candidates

November elections of both state and congressional lawmakers also will play a key role in the future of health system reform. To help doctors and their patients make informed choices, MSMS has available a 12-page booklet titled "Health Questions for Candidates: A Voter's Guide." It contains a list of the top 10 questions voters should ask candidates to determine their positions on reform. Call Bridgett Benton at MSMS at 517-336-5747 for free copies to give to patients.

Get started in "Making the Rounds"

"Making the Rounds," a program developed by MSMS, the Michigan Physicians Mutual Liability Company (MPMLC) and Michigan county medical societies, is coming to a hospital near you. In fact, a phone call to Tom Plasman at MSMS at 517-336-5724 or to Tom Wolff at 517-336-5740, can bring this free program to your hospital medical staff. Through "Making the Rounds," Michigan doctors are getting answers during their business day in the hospital to questions on how organized medicine can help them in their practices. Several hospital medical staffs around Michigan already have taken part. As this *Michigan Medicine* goes to press, November sessions are being scheduled. William Beaumont Hospital in Royal Oak already has set one for Nov. 14. Call to schedule "Making the Rounds" in your hospital to get answers to your questions on topics from practice management to health system reform!

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517-337-1351.

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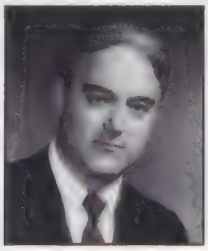
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Editor's Note: If you have a legal question you would like answered by MSMS legal counsel in this column, jot it down and send it to Betty McNerney, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950.

Second edition of *Physician's Guide to Michigan Law* includes several new topics of interest

By Richard D. Weber

The second edition of the *Physician's Guide to Michigan Law* has just been published by MSMS, in cooperation with the Michigan Physicians Mutual Liability Company. This new and expanded version alerts physicians to the numerous changes in the law that have occurred since the first edition was published in 1992. Perhaps the most significant changes were brought about by Public Act 78 of 1993, which took effect April 1, 1994, and related legislation. The legislation adopted significant provisions concerning medical malpractice actions. Also enacted were extensive amendments to the licensure and discipline provisions of the Michigan Public Health Code.

Many new topics

The second edition contains many new topics of interest to Michigan physicians. These include employment and public services discrimination under the Americans with Disabilities Act, employment contracts, the Clinical Laboratory Improvement Amendments, limited liability companies, mammography, and physician/ hospital organizations.

The following is an excerpt from the second edition concerning one of the many updated topics, the Stark Amendment I and II:

The "Stark Amendment" to the Medicare law prohibits physicians from referring Medicare patients or their specimens to any entity in which the physician or an immediate family member has a financial relationship for the provision of clinical laboratory services. The entity is also barred from billing Medicare or any other entity or individual for such a claim. A "referral" is broadly de-

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fined as a request by a physician for an item or service. A "financial relationship" is an ownership or investment interest, or any compensation arrangement involving any remuneration between a physician (or immediate family member) and an entity.

There are three categories of exceptions to the general rule prohibiting self referrals. One category provides general exceptions, the next is related to the ownership and investment prohibition, and the final category applies to the compensation and remuneration prohibition.

The Stark Amendment imposes severe penalties for violations. No payment may be made for a prohibited clinical laboratory service. A person collecting any amount billed in violation of the law is required to refund the amount collected. Civil monetary penalties range from $15,000 for each claim, which an individual submits and knows is prohibited, to $100,000 for participating in circumvention schemes. In addition, violators also face exclusion as Medicare providers. 42 U.S.C. § 1395nn.

The Stark Amendment II, effective January 1, 1995, extends the prohibition to the federal portion of Medicaid payments and to the following additional services:

- physical therapy;
- occupational therapy;
- radiology and other diagnostic services;
- radiation therapy;
- the furnishing of durable medical equipment;
- parenteral and enteral nutrients, equipment and supplies;
- prosthetics or orthotics and prosthetic devices;
- home health services;
- outpatient prescription drugs;
- inpatient and outpatient hospital services.

The Stark Amendment II also modifies certain provisions of the general exceptions, the exceptions to ownership and investment prohibitions, and the compensation and remuneration exceptions. ■

Mr. Weber is an attorney with Kerr, Russell & Weber, Detroit, and serves as legal counsel for MSMS.

The new and expanded version of the Physician's Guide to Michigan Law is now available and has been sent to all fully-paid MSMS members. Additional copies are available to MSMS members for $35 and to non members for $95. To obtain copies, please write the MSMS Department of Communications, P.O. Box 950, East Lansing, Michigan 48826-0950.

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The Treatment of Minors

By Julie Smith

Q. When can a physician rely on a minor patient's consent for treatment?

A. In general, minors are legally deemed to be incapable of giving valid consent. When a patient is a minor, the minor's failure to object to treatment or even an actual request for treatment will not protect the health care provider from assault and battery liability for failing to obtain informed consent from a parent or legal guardian. Therefore, in the absence of the following exceptions, physicians must obtain the consent of the minor's parent or legal guardian before commencing treatment. The exceptions to this are:

• **Emergency situation** - When immediate medical treatment is necessary to prevent death or serious impairment to health, and it is not possible to readily obtain consent from the appropriate individual, the physician may proceed to treat the patient without obtaining actual consent, because consent is implied. If the following three questions are answered positively, then it is likely that a claim of failure to obtain informed consent is unlikely to succeed: 1) Will the life or long-term health of the patient be endangered by a delay in commencing treatment? 2) Are there medical hazards which would be increased by a delay imposed during locating the appropriate adult or an attempt to seek consent through the court? 3) Can the need for immediate action be medically supported if challenged?

• **Emancipated minor** - An emancipated minor is one who, due to special circumstances, may legally function as an adult in various situations, including providing consent for medical care. The factors which can create an emancipated status include if the minor is married or is on active duty with the US military. In the case where a minor has children of his or her own, the minor is able to provide consent on behalf of his or her children.

• **Nature of the Treatment** - Minors presenting for treatment of venereal disease/HIV, substance abuse, and pregnancy/prenatal care may receive care and treatment without the consent of parent or legal guardian. A minor 14 years of age or older may request and receive mental health services on an out-patient basis without parental consent or knowledge.

Q. If I treat a minor for venereal disease, substance abuse, or prenatal care without the consent of the minor's parent or legal guardian, can I provide the parent or legal guardian with information related to care should they contact me with questions?

A. In these situations, a physician may disclose information to the parent or legal guardian of a minor as follows:

• **Pregnancy/Prenatal Care** - Before providing such care to the minor, the physician must inform the minor that the father of the child or the minor's spouse, parent or guardian may be notified of the health care given or needed. For medical reasons, the treating physician may, but is not obligated to, inform these individuals of the health care given or needed. The information may be given or withheld from these persons without consent of the minor and notwithstanding the minor's objections.

• **Venereal Disease/HIV and Substance Abuse** - For medical reasons, a treating physician may, but is not obligated to, inform the spouse, parent, or guardian as to treatment given or needed, information may be given to or withheld from those individuals without the minor's consent and over the minor's objection to providing the information.

• **Mental Health** - A minor's parent or guardian cannot be informed of the mental health services without the minor's consent, unless it is determined

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that there is a compelling need for disclosure based on a substantial probability of harm to the minor or other persons, and if the minor is notified of the physician's intent to inform the parent or guardian.

• **Emergencies** - A physician is required to disclose information concerning care provided in an emergency.

Q. If I treat a minor for one of the conditions for which a minor may provide valid consent, who is responsible for the payment of the medical services? Does sending a bill to the parent or legal guardian breach confidentiality?

A. The minor's parent or legal guardian is not financially responsible for care related to venereal disease/HIV, substance abuse, and mental health, nor are they responsible for any debts incurred by an emancipated minor. Parents **are** responsible for payment of medical or dental care provided to a minor in other situations, including when the minor is in police custody when the parent or guardian cannot be promptly located.

Generally, there is no clear answer on whether sending a bill to an unemancipated minor's parents or guardian is a breach of confidentiality. Unless the parents or guardian already know of the treatment or unless the treatment can be billed without disclosing the fact or nature of the treatment, the parents or guardian should not be sent a bill for the following: pregnancy/prenatal care, abortion, venereal disease/HIV, substance abuse, and mental health. Federal substance abuse regulations specifically prohibit disclosure of patient-identifying information to a minor's parent or guardian without the minor's consent for purposes of obtaining reimbursement.

Q. When parents are divorced, is it true that only the custodial parent may provide consent for medical treatment, and if so, am I legally required to request proof of custody?

A. Unless a physician knows that a court has ordered otherwise or has terminated parental rights, either divorced parent may consent to medical treatment for a minor child. ■

Julie Smith is chief of risk management for MSMS.

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Who shall be left out without benefits?

By Robert M. Soderstrom, MD

Editor's note: The following commentary was originally published in the Genesee County Medical Society Bulletin. It is reprinted here with permission.



As the final hour approaches in the health care reform debate, we are hearing more and more that universal coverage will not be achieved.

Even though every other western industrialized nation has found a way to provide health insurance for all its people, we are told it can't be done in the United States.

Favored legislation now moving through Congress proposed that we gradually cut the uninsured from the current level of 15 percent (37 million people) to five percent (12 million people) by the year 2002. By this proposal, even eight years from now, 12 million Americans will not have health insurance.

To me, it is an unacceptable proposal. If health care reform is to bring us anything, it should bring us universal coverage so no American family will again be financially devastated by illness.

On the other hand, I think I could support this proposal if it applied equally to our esteemed members of Congress. Fifteen percent of the Senate is 15 senators and 15 percent of the House is about 65 representatives.

Let's throw all their names into a hat and let them draw. Those who draw little slips of paper that say, "The joke's on you!" will not get health insurance from themselves or their families under the legislation they are currently putting together.

Each year as more and more Americans are whittled off the uninsured lists a senator or two and a handful of representatives will have coverage extended to them, but by the year 2002, five percent of them will remain uncovered still, a nice reflection of the general population.

Is there a logjam in Congress universal health insurance coverage can't pass? Let's put a few of our elected representatives (along with their families) in the uninsured bucket and see if a few more votes for universal coverage can't be garnered. Is this still a government of the people, by the people, for the people, all the people, or what? ■

Doctor Soderstrom, a Flint dermatologist, is president of the Genesee County Medical Society.



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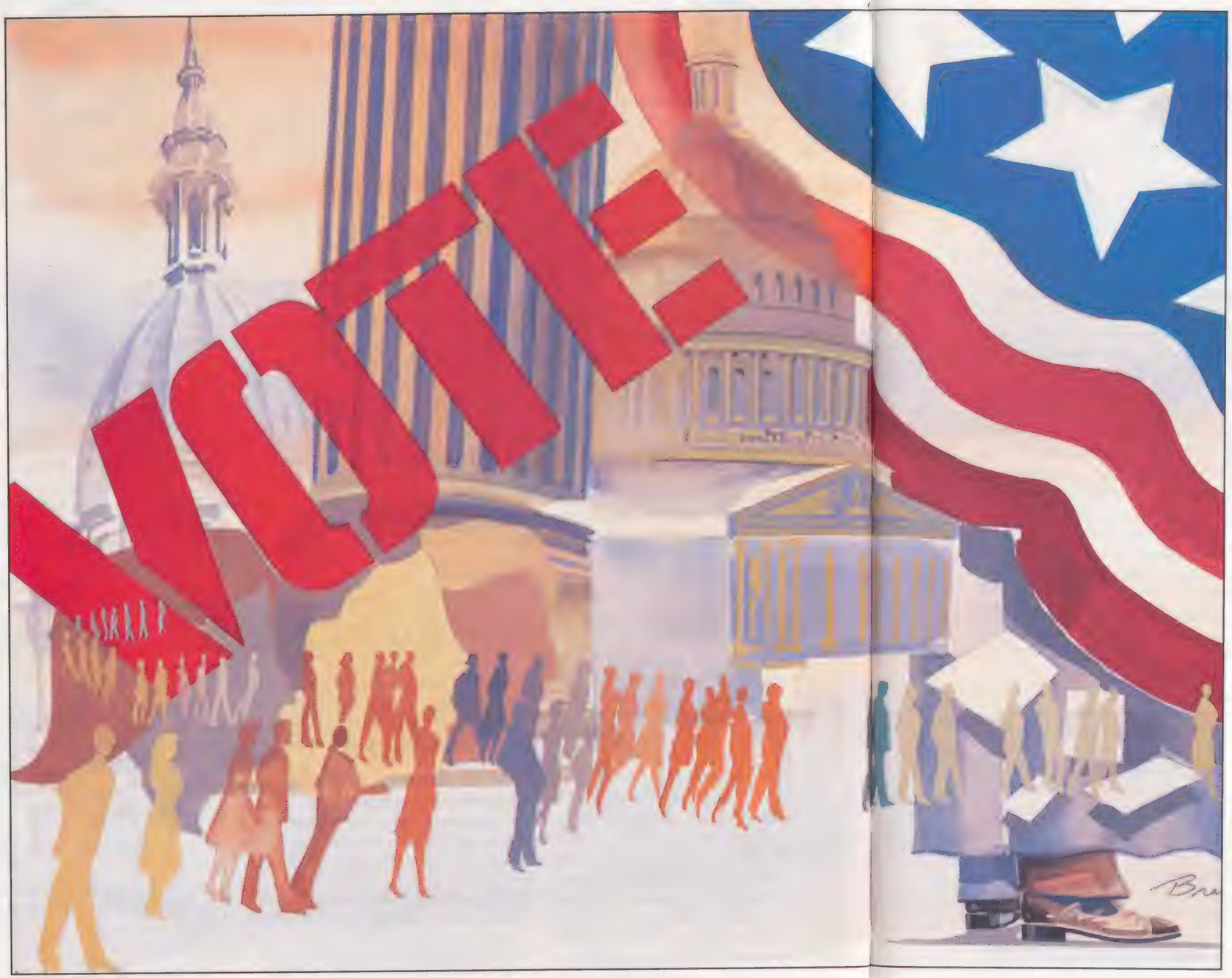
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COVER STORY

1994 Elections Get Involved!

The 1994 elections are just around the corner. Now more than ever physicians need to get involved. This year, two candidates will be elected to the Michigan Supreme Court, a judicial entity which could overturn our decades of struggle for medical liability reform should the right candidates not be elected. In addition, the entire State Legislature is up for re-election and two candidates are running for State Governor. MSMS is actively involved in the election process and is working hard to encourage all physicians to take an active part in supporting the candidates of their choice. Take time to read this important cover story and learn what you can do to help get the appropriate candidates elected. You may regret it if you don't.

COVER STORY

MSMS spearheads formation of the Alliance for Judicial Accountability

By Mitchell A. Rinek, MD

After decades of fighting for significant medical liability reform in Michigan, victory was finally ours to enjoy in the summer of 1993. It was in July of that year when Governor John Engler signed into law Senate Bill 270 which took effect in April 1994.

Experts from around the country have stated that our medical liability reform law is among the best in the nation. We have much to proud of, because we played a significant role in getting this legislation passed. It is now our responsibility to see that the clock is not turned back on a reform we worked so hard to achieve.

In other states where effective liability reform laws have been passed, activist Supreme Courts have ruled that significant aspects of those laws were unconstitutional. In Texas, the Trial Lawyers Association was successful in electing its own colleagues to the Supreme Court, until 1986 when the Texas Medical Association (TMA) got involved and successfully worked to get more favorable candidates elected to the Court. By continuing its involvement in Supreme Court elections, TMA has been successful in ensuring the effectiveness of the state's medical liability reform law.

Physicians must get involved

We must now work together to protect *our* medical liability reform law from the trial lawyers here in Michigan.

In an effort to educate their members about the importance of the Michigan Supreme Court elections, MSMS, the Michigan Association of Osteopathic Physicians and Surgeons (MAOPS), and the Michigan Hospital Association (MHA), recently formed the Alliance for Judicial Accountability (AJA). This coalition also includes various other organizations that want to ensure that properly qualified justices are elected to the Supreme Court.

On September 7, 1994, leaders of the AJA interviewed candidates for the Michigan Supreme Court. Interviewers included: Thomas C. Payne, MD, MSMS past president; Craig Bathoone, DO, MAOPS president; and Jacque Sammet, MHA legal counsel. The candidate interviews were moderated by Robert LaBrant, executive vice president, Michigan Chamber of Commerce.

Following the interviews, each AJA member organization discussed the candidates' comments to determine which candidates they favored and/or were likely to support or endorse. MSMS leaders chose Judges Richard Griffin and Elizabeth Weaver as the favored candidates. MSMS leaders concluded that both Griffin and Weaver are most qualified to make decisions on issues of importance to the medical community. Both Griffin and Weaver currently sit on the Michigan Court of Appeals. MSMS leaders considered Don Shelton and Conrad Mallett as the candidates most likely to vote down medical liability reform. Shelton currently serves on the Washtenaw County Court of Appeals and is former president of the Michigan Trial Lawyers Association. Mallett currently serves on the Michigan Supreme Court.

It is our responsibility as members of the medical community and as important members of our local communities to assist Richard Griffin and Elizabeth Weaver in getting elected to the Michigan Supreme Court. It is also our responsibility to ensure that the candidates least supportive of medical liability reform — Shelton and Mallett — do not get elected to the Supreme Court.

Future plans

The AJA will continue to educate its member organizations about qualified Supreme Court candidates and will remain involved in Supreme Court campaigns in future election cycles. If necessary, the AJA will also become involved in campaigns for the Michigan Court of Appeals.

If you would like to become involved in the AJA-related activities, contact Donna Welch LaGosh, MSMS chief of political affairs, at (517) 336-5788. Thank you for your interest in this important issue. ■

Doctor Rinek is chair of the Michigan Doctor's Political Action Committee.

Griffin and Weaver offer support for physicians

As a Michigan voter, you will make many important choices on Election Day 1994 this November 8.

Perhaps none is more important and more critical to Michigan businesses and health care providers — indeed to all Michigan citizens — than the candidates you choose for the Michigan Supreme Court.

On November 8, four major party candidates for the Supreme Court will be on your ballot. You can vote for up to two. The two top vote-getters of the four candidates win eight-year terms.

As members of the new Supreme Court, they likely will help decide the outcome of medical liability reforms, product liability reforms and other important business and consumer issues.

A look at the candidates

The four major party candidates for the Michigan Supreme Court in 1994 are very different — in their philosophies, in what they believe to be the proper role of a judge, and in their interpretations of state laws.

The candidates are:

Richard A. Griffin

- Occupation: Judge, Michigan Court of Appeals
- Hometown: Traverse City
- Age: 42
- Political party: Republican
- Background: A former private practice attorney, Griffin earned his bachelor of arts degree at Western Michigan University and his law degree at the University of Michigan.

Conrad Mallett Jr.

- Occupation Justice, Michigan Supreme Court.
- Hometown: Detroit
- Age: 40
- Political party: Democrat
- Background: Mallett was a legal advisor to former Michigan Gov. James J. Blanchard, who later appointed Mallett to the court. He earned his bachelor of arts degree from the University of California-Los Angeles and his law degree at the University of Southern California.

Donald Shelton

- Occupation: Judge, Washtenaw County Circuit Court
- Hometown: Saline
- Age: 50
- Political party: Democratic
- Background: Shelton is a former Saline mayor, a former trial attorney and a past president of the Michigan Trial Lawyers Association. He earned his bachelor's degree at Western Michigan University and his law degree at the University of Michigan.

Elizabeth Weaver

- Occupation: Judge, Michigan Court of Appeals
- Hometown: Glen Arbor (near Traverse City)
- Age: NA
- Political party: Republican
- Background: Weaver is a former elementary school teacher, private practice attorney and Leelanau County probate court judge. Weaver earned her bachelor of arts degree at Newcomb College in Louisiana and her law degree at Tulane University.

Griffin and Weaver clear choices

The clear choices for Michigan businesses, health care providers, consumers and citizens are Judge **Richard Griffin** and Judge **Elizabeth Weaver**.

Throughout their distinguished careers, Judges Griffin and Weaver have consistently issued responsible and sensible rulings, interpreting laws as they were passed by the Michigan Legislature. Both candidates abhor "judicial activism." Rather, they believe that only Michigan legislators — not judges — should make laws.

By contrast, candidates Mallett and Shelton have, at times, demonstrated a clear affinity for making laws from the bench. The proof is in their rulings. Following are summaries of key rulings made by the four candidates.

Continued on next page

Continued from previous page

A review of key rulings

Chase v. Sabin (1994)

- **Griffin and Weaver**. They joined in deciding this lawsuit was stale and clearly beyond the statute of limitations because the alleged malpractice occurred 26 years ago. In fact, some witnesses who would be key in the case are dead.
- **Mallett and the Supreme Court reverse**. On a 4-3 vote, in which Mallett joined the majority, the Supreme Court reversed the Court of Appeals, holding that the cause of the action was timely. The High Court ruled that plaintiffs must be allowed reasonable opportunity to bring suit if they did not immediately know of or discover a malpractice.

Hobbins v. Attorney General (1994)
People v. Kevorkian (1994)

- **Shelton**. The Court of Appeals held that under Michigan homicide law, physician-assisted suicide can be a crime. Shelton, sitting on the Court of Appeals by assignment, dissented. He wrote that "there can be no more basic right in our ordered concept of liberty than to commit suicide." He concluded: "This government may not totally take from us our inherent right to determine not only who we are, but even more essentially, whether we are."
- **Supreme Court**. The Court was scheduled to consider these cases on October 4.

Moll v. Abbott Laboratories (1993)

- **Griffin**. In this product liability case against the makers of DES for alleged latent toxic injuries, Griffin and the Court of Appeals ruled that the lawsuit was barred by the statute of limitations. The plaintiff, as a matter of law, knew or should have known of her cause of action because she had been diagnosed with a T-shaped uterus.
- **Supreme Court agrees; Mallett dissents**. Mallett said the case should have been allowed to continue.

Paschke v. Retool Industries (1994)

- **Weaver**. She and two other Court of Appeals judges ruled unanimously that the plaintiff's worker's compensation claim should be denied. They held the plaintiff could not collect worker's compensation benefits — which require the worker to be disabled — because the plaintiff had already collected unemployment benefits by claiming that he was willing and able to work.
- **Mallett writes the Supreme Court's decision to reverse**. The High Court held that the plaintiff's comments to the Michigan Employment Security Commission that he was able and willing to work could not be used to deny his worker's compensation claim.

What you risk if you don't vote for Griffin and Weaver

Conrad Mallett Jr. and Don Shelton are liabilities that Michigan businesses, health care providers, consumers and citizens can't afford on the state Supreme Court.

If you're in health care delivery, you have unique concerns. For example, opponents of Michigan's 1993 medical liability reforms already are challenging the laws in court, and they're prepared to take their challenge all the way to the state Supreme Court.

This year, Mallett and the High Court ruled that an alleged malpractice that occurred nearly three decades ago should go to trial — reversing the Appeals Court denial of the lawsuit by Judges Griffin and Weaver.

In addition, a Supreme Court ruling that reverses the 1993 medical liability reforms would turn back the clock on measures aimed at helping to keep health care accessible and affordable, and encouraging high-risk physician specialists to continue practicing in Michigan.

If you're in business, the Michigan Supreme Court can dramatically affect your bottom line with adverse decisions on laws passed to protect your customers and your operations.

Mallett frequently joined a 4-3 Supreme Court majority to reverse sensible Appeals Court rulings by Griffin, Weaver and other judges. The High Court rulings will hurt your ability to create jobs and serve your customers and clients. ■

Charter Township of Ypsilanti v. General Motors (1993)

• **Shelton**. In a nationally publicized ruling, Shelton blocked General Motors Corp. from transferring operations from the company's Willow Run assembly plant to a production facility in Texas. The Court of Appeals later reversed the ruling.

Sabotka v. Chrysler Corp (1994)

• **Weaver**. She held that the state Workers' Compensation Appeal Board improperly awarded "maximum" benefits to a partially disabled worker. She said benefits must be calculated based on wages paid in the worker's "general field of employment" not on the specific job the worker was doing at the time of the injury.

• **Mallett and the Supreme Court reverse**. The Supreme Court reinstated the maximum benefits, even though the worker did not try to find a job after he was laid off by his employer.

Lorencz v. Ford Motor Co. (1992)

• **Griffin**. He and the Court of Appeals unanimously held that the state's 1986 tort reforms require that product liability actions must proceed in the venue where the injury occurred.

• **Mallett writes the Supreme Court's decision to reverse**. The court held, and Mallett wrote, that irrespective of the Legislature's intent with the tort reforms, the action could be filed in Wayne County, where the automobile was allegedly defectively designed and built.

Plummer v. Bechtel Construction Co. (1992)

• **Griffin and Weaver**. They held that the company did not have to pay $1.1 million in damages to the plaintiff for injuries he sustained when he was drunk at 10 a.m. and fell from a scaffold after he failed to attach his safety line. The plaintiff's blood alcohol level was .193 at the time of the accident, almost double Michigan's .10 level to be legally drunk.

• **Mallett and the Supreme Court reverse.** The High Court reinstated the damage award, holding that the issues were for the jury to decide, and the jury's decision was supported by the evidence.

Medical Liability Reforms (1993)

• **The medical liability reforms approved by the Legislature in 1993** are being challenged in Ingham Circuit Court. It is likely that the challenge will eventually end up before the Michigan Supreme Court. ■

How you can help Griffin and Weaver Win

Here's what you can do to help Judges Griffin and Weaver win seats on the Michigan Supreme Court:

- Volunteer at campaign headquarters — stuffing envelopes, telephoning voters, placing yard signs and posters.
- Attend fundraisers/make financial contributions.
- Write letters to your local newspaper(s) urging voters to support Griffin and Weaver.
- Participate in "Get Out the Vote" efforts — work phone banks, drive voters to their voting precincts on election night.
- Go door-to-door in your neighborhood — hand out literature, tell your neighbors why they should vote for Griffin and Weaver.
- Send cards to your friends/families/neighbors — send out 20 cards one week before the election to your closest friends, family members and neighbors, urging them to vote for Griffin and Weaver.
- Call the candidates and ask their campaign teams how you can help. Even though both campaigns are headquartered in northwest Michigan, the candidates have local operations throughout the state. **Weaver Campaign Headquarters:** 616-334-4500 **Griffin Campaign Headquarters:** 616-947-9318
- Put a yard sign in front of your home and office.
- Have campaign literature available in your business. ■

AJA leaders interview Supreme Court candidates

Leaders of the Alliance for Judicial Accountability recently interviewed three of the four candidates running for the Michigan Supreme Court. They are: Elizabeth Weaver, Conrad Mallett and Richard Griffin. The fourth candidate, Don Shelton, declined to be interviewed.

Each candidate was asked to comment on a variety of topics of key interest to physicians. Following are select comments made by each candidate during the interviewing process.

Weaver

On judicial activism

"I think a judge's duty is ... that we follow the law and put aside our personal proclivities as to the way we think it should be, elsewise we become ... legislators."

On tort law

"(The) judiciary has taken too much of a role in that. The Legislature has the authority to set the tort law."



Weaver

On liability

"It's my opinion that there are things that happen that really nobody is to blame for .... We seem to have an idea in this society that if something's wrong, somebody else should have to pay for it."

On her qualifications for the bench

"I have enunciated my philosophy — common sense and judicial constraints, fairness ... I think it's important that a justice have trial judge experience and also appellate judge experience. I happen to have both and am the only candidate who has both."

Mallett

On judicial activism

"(We) are not to be activist judges, but in fact to do our job within the precise confines of the law and the precedents... We're not to fill in the blanks to make a bad law good or a good law better."

On tort law

"One person in particular will complain about where the Supreme Court's going on workers' compensation issues and rant and rave about the Court being too liberal. You won't hear that from me."

On criticism that the Supreme Court does not produce enough decisions

"We are not a factory. We do not do widgets. What we produce are legal opinions that persons in the profession, particularly the judges, are directed to follow, to depend on and to rely on .... To simply say that the Court, this year, issues fewer opinions than it did last year, I think, contributes very little to any rational discussion about what this Court ought to be doing."



Mallett

On how laws are made by the Legislature
"I just pointed out to my colleagues ... that the legislative process is not always as pristine as we might sometime imagine when we just look at the law. And sometimes the most obvious explanation as to how a particular law came to be on the books is the right one ... that the effective group requested it, not mindful of its place in the entire scheme of things."

On his record and qualifications
"I'm running ... on my record. And I would challenge any person charged with the responsibility of reviewing that record to say that ... Conrad Mallett always rules one way in any area, and to say that Conrad Mallett has not shown himself to have an open mind and to be concerned about a variety of issues."

Griffin

On judicial activism
"I think judges should be judicial conservatives. I think if you want to be a legislator, or if you want to be somebody who is going to be dictating policy in areas in which the Legislature has spoken, then you are in the wrong branch of government, if you run for judge."


Griffin

On tort law
"On tort law generally, my position is that when the Legislature has spoken, the role of the court is a very limited one of just determining whether the statute passes constitutional muster, and if so, to enforce the law as written .... (In) general, the Supreme Court has been very liberal in Michigan ... it hurts business. It hurts our economic climate in the state. There is nothing wrong with us becoming a mainstream state rather than a state that's out in left field."

On attorney fees
"I personally favor a sliding scale. I personally think that it makes more sense, if you allow contingency fees at all."

On why he's running for the Supreme Court
"I want to make an influence in the direction of the law in the State of Michigan. It's the same reason I ran for the Court of Appeals. I didn't like the way the direction was going ... (as) a defense practitioner, it seemed like we were losing everything. I ran not to establish an agenda, but to ... establish a basic fairness ... a level playing field." ■

Results of state-wide survey show few know who the candidates are

The Michigan Chamber of Commerce recently conducted a statewide survey on the State Supreme Court races. According to its findings, few people are familiar with the candidates.

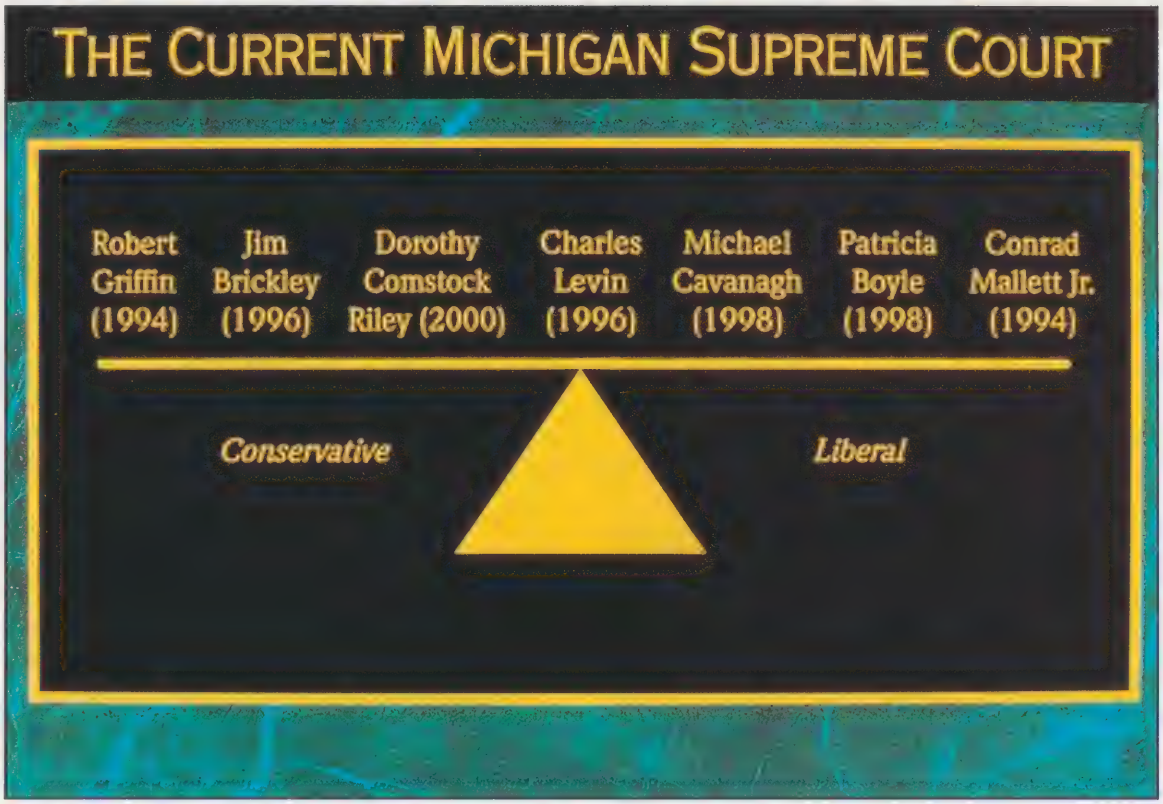
Richard Griffin leads as far as name identification is concerned. Sixty-five percent of the survey respondents said they did not recognize Judge Griffin's name. Seventy-one percent said they did not recognize Conrad Mallet. Seventy-six percent said they did not recognize Don Shelton and 78 percent said they did not recognize Elizabeth Weaver.

When asked, "Who would be your first choice?" because voters will have the opportunity to cast two votes, Judge Griffin took the lead with 18 percent, followed by Weaver (15 percent), then Mallett (13 percent), then Shelton (four percent). Fifty percent of those polled were undecided.

In the second choice, Weaver lead with 13 percent, followed by Mallett and Shelton with eight percent, Griffin with seven percent and the undecided rose to 64 percent.

After combining first and second choices, Weaver lead with 14 percent, Griffin with 13 percent, Mallett with 11 percent and Shelton with six percent.

Conclusion: This race for the Michigan Supreme Court is wide open. Involvement of groups like the Alliance for Judicial Accountability can play an important role in this year's campaign. ■


THE CURRENT MICHIGAN SUPREME COURT
Robert Griffin (1994)
Jim Brickley (1996)
Dorothy Comstock Riley (2000)
Charles Levin (1996)
Michael Cavanagh (1998)
Patricia Boyle (1998)
Conrad Mallett Jr. (1994)
Conservative
Liberal


THE 1995 MICHIGAN SUPREME COURT?
Robert Griffin (1994)
Jim Brickley (1996)
Dorothy Comstock Riley (2000)
Charles Levin (1996)
Michael Cavanagh (1998)
Patricia Boyle (1998)
Conrad Mallett Jr. (1994)
Richard Griffin
Elizabeth Weaver
Conservative
More Strict Interpretation?
Conrad Mallett
Don Shelton
Liberal
More Activist?



Three leaders of the Alliance for Judicial Accountability (AJA) query three Supreme Court candidates on issues of key interest to physicians. Shown seated at the table are (l to r): Jacque W. Sammet, Michigan Hospital Association; Thomas C. Payne, MD, MSMS past president; and Craig Bethune, DO, president of the Michigan Association of Osteopathic Physicians and Surgeons.

Photo highlights of candidate interviews



"The Supreme Court has been very liberal in Michigan...I think it's been far too liberal," said Richard Griffin when asked about tort law.

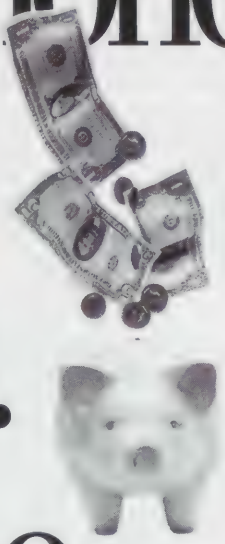


"I certainly think we should be open to processes that can solve problems without having to go through the entire court procedure," said Elizabeth Weaver when asked about alternative dispute resolution.



"One person, in particular, will complain about where the Supreme Court's going on worker's compensation issues and rant and rave about the Court being too liberal. You won't hear that from me," Conrad Mallett stated.

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Time is short, and the stakes are high. Opponents are contesting the constitutionality of hard-won medical liability reforms, with major implications for product liability. Thus, new justices elected to the Michigan Supreme Court in November will play a pivotal role.

Select from these new offerings from the Alliance for Judicial Accountability. Educate your members on:

- ▶The significance of the Supreme Court races
- ▶The history and current balance of the Supreme Court
- ▶The candidates and their backgrounds

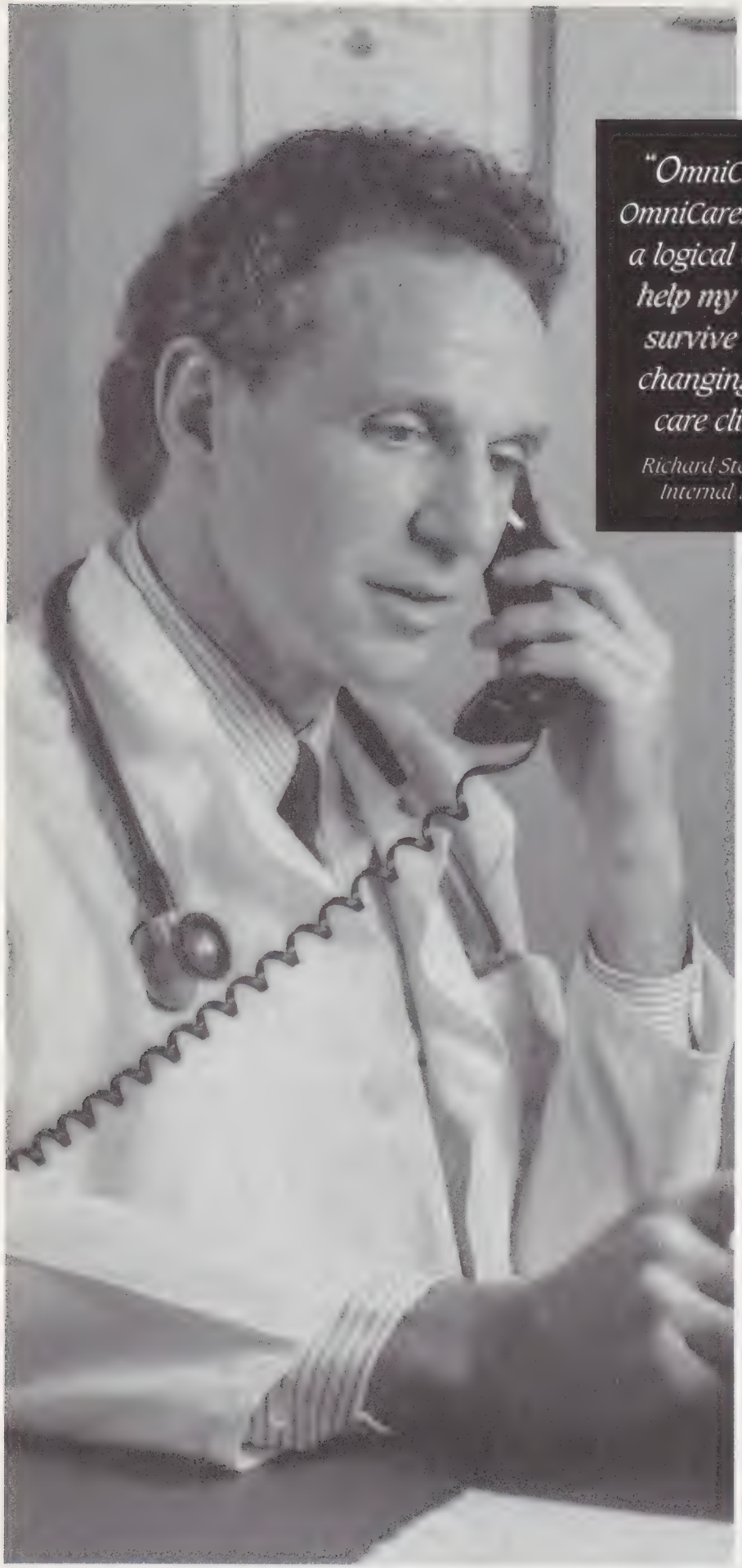
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A Look at the 1994 House and Senate races

By Donna Welsh LaGosh

The entire State Legislature is up for re-election in 1994. The Michigan Doctors' Political Action Committee (MDPAC) has been conducting interviews around the state between candidates and physicians and alliance members in a great number of districts. It is important for medicine to understand the viewpoint of these potential legislators in order to help elect those candidates who will best represent the residents of Michigan.

This is an exceptional election year due to the great number of retiring legislators. This created considerable competition in the primary race, often within the same political party. MDPAC has organized a number of fundraising events for several legislators, provided assistance in contacting physicians in certain legislative districts, promoted legislator fundraisers to local physicians, and made contributions to numerous election campaigns. But some specific races are of great interest to physicians because of the importance of re-electing those legislators who have been good friends of organized medicine.

A look at key candidates

The following candidates have provided excellent legislative representation to their constituents. In addition, these candidates have been particularly helpful to physicians dedicated to enacting good public health legislation as well as delivering quality health care to their patients.



Sen. John "Joe" Schwarz, MD (R-Battle Creek)

Senator Schwarz, also a physician, has been a great benefit to other physicians during his legislative career. He serves on the Senate Health Policy Committee and many times has prevented passage of legislation detrimental to medicine. His medical expertise has been very helpful to our issues, and physicians must assist his campaign to ensure his re-election.



Rep. Michael J. Griffin (D-Jackson)

Democrat Mike Griffin has a very difficult race ahead this fall. His base vote in his district is evenly divided between the two parties. Mike has been a great supporter of physicians and merits the support of MDPAC. In September, the Jackson County physicians and MDPAC hosted a fundraiser for Rep. Griffin to assist in his re-election campaign.



Rep. Sandra Hill (R-Montrose)

Rep. Hill has also been very helpful to medicine, and has a very close race this year. She is from Genesee County and has the support of the physicians in her district. She would appreciate the assistance of her supporters to ensure a victory this fall.



Sen. Jon Cisky (R-Saginaw)

Senator Cisky has been most helpful to the Michigan State Medical Society in dealing with health care-related issues. Because his district is slightly more Democratic in its' base vote, Sen. Cisky is facing a very tight race this time around and needs the support of physicians in his district.

If you are interested in assisting any of these candidates with their re-election efforts, please call me at (517) 336-5788. ■

Donna Welsh LaGosh is chief of political affairs for MSMS

MDPAC Endorses Candidates

The Michigan Doctor's Political Action Committee has endorsed the following candidates for the State House of Representatives, the State Senate and the US Senate.

State House

Dist.	*Candidate*	*Party*
1	**William Bryant, Jr.**	R
2	**Curtis Hertel**	D
7	**Ray Murphy**	D
8	**Ilona Varga**	D
9	**Carolyn Kilpatrick**	D
12	**Alma Stallworth**	D
13	**Burton Leland**	D
14	**Michael Bennane**	D
15	**Agnes Dobronski**	D
19	**Lyn Bankes**	R
20	Gerald Law	R
21	**Deb Whyman**	R
23	**Vincent Porreca**	D
24	**Joe Palamara**	D
26	**Tracey Yokich**	D
27	**Nick Ciaramitaro**	D
30	Sue Rocca	R
31	**Sharon Gire**	D
32	**David Jaye**	R
33	**Alvin Kukuk**	R
35	**David Gubow**	D
37	**Jan Dolan**	R
38	**Willis Bullard, Jr.**	R
39	**Barbara Dobb**	R
40	**John Jamian**	R
41	**Shirley Johnson**	R
42	**Greg Kaza**	R
44	**David Galloway**	R
45	**Penny Crissman**	R
46	**Tom Middleton**	R
47	**Sandra Hill**	R
51	David Robertson	R
53*	Renee Birnbaum	R
54	**Kirk Profit**	D
55	**Beverly Hammerstrom**	R
57	**Tim Walberg**	R
58	**Michael Nye**	R
59	**Glenn Oxender**	R
61*	Charles Perricone	R
62*	Eric Bush	R
63	**Don Gilmer**	R
64	**Mike Griffin**	D
65	**Clyde LeTarte**	R
66	**Susan Grimes Munsell**	R
67	**Dan Gustafson**	R
69	**Lynne Martinez**	D
71	**Frank Fitzgerald**	R
72	**Walter DeLange**	R
73	**Jack Horton**	R
74	**Ken Sikkema**	R
75	**William Byl**	R
76	**Tom Mathieu**	D
77	**Harold Voorhees**	R
78	**Carl Gnotke**	R
79	**Bob Brackenridge**	R
80	**James Middaugh**	R
81	**Terry London**	R
83	**Kim Rhead**	R
86	**Alan Cropsey**	R
88	**Paul Hillegonds**	R
89*	Jon Jellema	R
90	**Jessie Dalman**	R
93	**Gary Randall**	R
94	**Mike Goschka**	R
96	**Rol Jersevic**	R
97	**Howard Wetters**	D
98	**James McNutt**	R
99	**Jim McBryde**	R
100	**John Llewellyn**	R
101	**Bill Bobier**	R
102	**John Gernaat**	R
103	**Tom Alley**	D
104	**Michelle McManus**	R
105	**Allen Lowe**	R
106	**Bev Bodem**	R

State Senate

Dist.	*Candidate*	*Party*
1*	Joe Young, Jr.	D
2	**Virgil Smith**	D
3*	Henry Stallings	D
4	Jackie Vaughn	D
7	**Chris Dingell**	D
9	**Robert Geake**	R
10	**Art Miller, Jr.**	D
11	**Gil DiNello**	R
13	**Mike Bouchard**	R
14	Michael Warren	R
16	**Mat Dunaskiss**	R
17	**Jim Berryman**	D
18*	Joe Mikulec	R
19	**Phil Hoffman**	R
20	**Harry Gast**	R
21*	Dale Shugars	R
22	**William VanRegenmorter**	R
23	**Joanne Emmons**	R
24	**John Schwarz**	R
25*	Dianne Byrum	D
26*	Mike Rogers	R
27	**Dan DeGrow**	R
29	**Joe Conroy**	D
30	**Glenn Steil**	R
31	**Dick Posthumus**	R
32*	Leon Stille	R
33	**Jon Cisky**	R
34	**Joel Gougeon**	R
35*	Bill Schuette	R
36	**George McManus, Jr.**	R
37*	Walter North	R
38	**Don Koivisto**	D

* indicates an open seat
Bold indicates an incumbent

US House

Dist.	*Candidate*	*Party*
2	Peter Hoekstra	R
3	Vernon Ehlers	R
4	Dave Camp	R
5	James Barcia	D
6	Fred Upton	R
7	Nick Smith	R
8	Dick Chrysler	R
9	Dale Kildee	D
11	Joe Knollenberg	R
13	John Schall	R
16	John Dingell	D

US Senate

Candidate	*Party*
Spencer Abraham	R

MSMS salutes politically active Alliance members

The following MSMS Alliance members have been particularly active in political activities for the 1994 election. They are:

Kathy Ledtke-St. Clair County
Kathy's activities include serving on the executive board, St. Clair County Republican Committee; St. Clair County committee chair for Engler for Governor; state convention delegate; host of a fundraiser for Senator Dan DeGrow; and working on the campaign for State Rep. Terry London.

Bev Jensen-Kent County
Bev has been devoting her time to working for the Vern Ehlers campaign for Congress.

Linda Zimmerman-Kent County
Linda organized a fundraising reception for Spence Abraham.

Jean Howard-Grand Traverse County
Jean serves as co-chair of fundraising for Gil Zigler.

Rita Margherio-Oakland County
Rita co-hosted a fundraiser for Cynthia Wilbanks. She is working on fundraisers for John Jamian, Mat Dunaskiss and Spence Abraham.

Sandy George-Kalamazoo County
A long-standing member of the Executive Committee of the Kalamazoo County Republican Committee, Sandy has been actively involved in volunteer and fundraising activities for a variety of candidates. She currently serves as vice president of the Kalamazoo County Republican Women's Club and was just recently re-elected as precinct delegate.

Velva Clark-Oakland County
Velva currently serves as campaign manager for Oakland County Circuit Court Judge Denise Langford Morris. She is also a member of the Wayne County Medical Society's Legislative Committee.

Physicians form committees to support gubernatorial candidates

By Donna Welsh LaGosh

As they have done for the past several election cycles, the Michigan Doctors' Political Action Committee (MDPAC) is continuing to support physicians and alliance members who are interested in assisting Michigan's gubernatorial candidates with their election campaigns. This year, physician members have indicated interest in both candidates. This interest has evolved into the Physicians for Engler Committee and the Physicians for Wolpe Committee.



John Engler

Physicians for Engler Committee

During the past four years, physicians have done a lot to help and support Governor John Engler. Over $40,000 has been raised from physicians for the Governor's Club, $36,000 has been contributed to the annual Governor's Gala, and fundraisers hosted by physicians have raised over $50,000. These efforts have been made to demonstrate how much physicians and their families appreciate the Governor's support for medical liability reform as well as other health care-related issues.

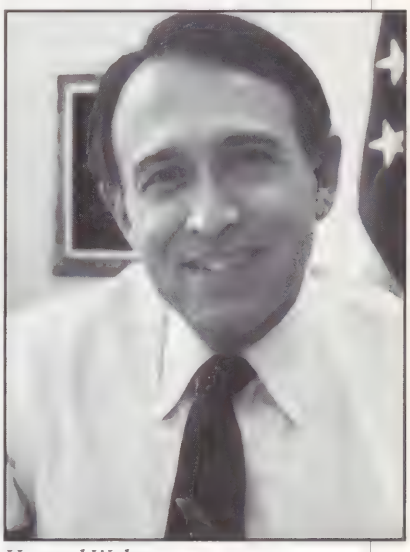
There has been much interest in helping Governor Engler win another four-year term in November. The chairs of the committee are: **Gilbert B. Bluhm, MD, Raj Bothra, MD,** and **Thomas C. Payne, MD.** The Committee chairs have solicited the support of physicians statewide and hope to provide considerable support to John Engler's campaign. In addition to the Physicians for Engler Committee, there is also a request for support of the Business Leaders for Governor Engler's Re-Election Campaign. This group comprises a broad coalition of men and women who support John Engler and want to demonstrate their support by advocating for him to the general public. There is support from physicians for this organization as well, and the Committee chairs are urging members to join both this effort as well as the Physicians for Engler Committee.

Physicians for Wolpe Committee

Some physicians have expressed interest in helping John Engler's challenger, Howard Wolpe, succeed in winning his bid for the Governor's seat. The Committee chairs are: **Inad Haddad, MD,** and **Jack Stack, MD.** Their goal is to garner support for Wolpe because of his past accomplishments as a Congressman, and because of what they believe he can contribute to the state in the future.

Solicitations from the chairs are being mailed to physicians to bring their support to the Wolpe Committee. A meeting with physicians and Wolpe is being scheduled to understand his viewpoints on organized medicine, health system reform and health care delivery in Michigan. Financial contributions are being collected to assist the campaign monetarily as well as through general get-out-the-vote efforts.

MDPAC encourages the involvement of its' members in the political process regardless of political affiliation, as MDPAC is a bipartisan organization made up of members on both sides of many issues. These leaders of the medical community provide benefits to the profession as a whole through the positive effects of their work. Physicians or alliance members who are interested in joining either of these committees should contact me at (517) 336-5788. ■



Howard Wolpe

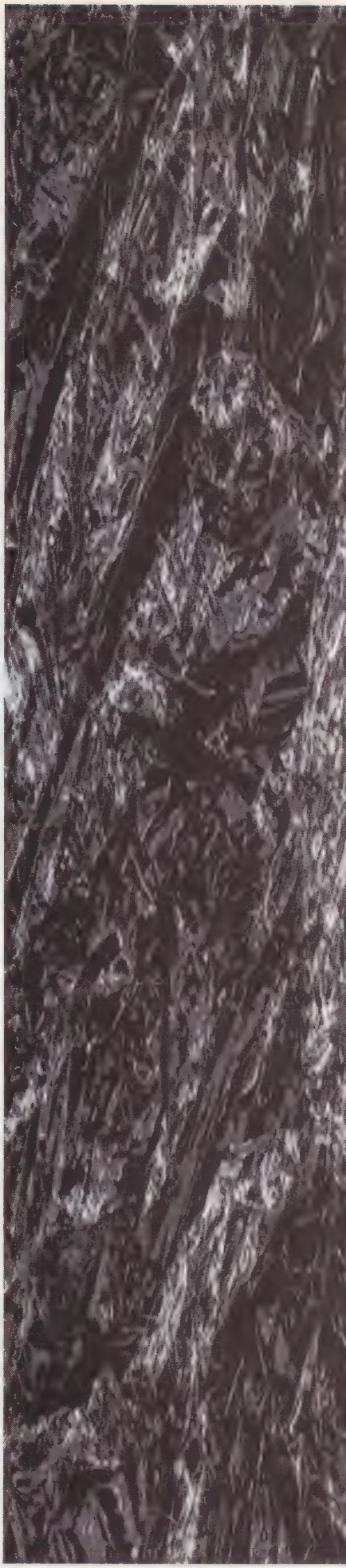
Donna Welsh LaGosh is chief of political affairs for MSMS.

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Long Term Care
A Long Term Investment

By Valerie A. Barker

The need for long-term care (LTC) insurance may not be readily apparent to most people. People believe their health insurance or Medicare will cover the costs of a nursing home or at-home care. However, these programs are not designed to cover these situations. Without LTC insurance, people must pay for nursing homes out of their own pockets. A lifetime of assets can dissipate very quickly. However, you can protect your assets with a long-term care policy.

Since long-term care insurance is relatively new in the marketplace and has evolved quickly over the last several years, it is hard to know what companies and policies are best. Well, the Michigan State Medical Society's Group Insurance Trust has done much of the investigating for you. MSMS researched many companies and policies and has determined the long-term care program, through AMEX Life Assurance Company, to be one of the best. AMEX Life, an American Express company, has over 16 years experience in long-term care insurance and is rated A+ (Superior) by A.M.Best.

What is long-term care insurance?

Long-term care goes beyond medical care and nursing care to include all the assistance you could need if you ever have a chronic illness or disability which leaves you unable to care for yourself for an extended period of time. You can receive long-term care either in a nursing home setting or in your own home. Long-term care is not reserved exclusively for older Americans, LTC can help young or middle-aged persons who have been in an accident or suffered a debilitating illness.

Who needs LTC coverage?

Anyone with assets over $100,000 should consider LTC insurance to protect their estate for their heirs. Currently, you pay premiums for disability coverage to protect income potential while working. As you move closer to retirement you can shift those premiums to a long-term care coverage to protect your accumulated assets.

What are the chances of needing nursing-home care?

A study by the US Department of Health and Human Services indicates that people aged 65 in 1990 face a 40 percent chance of entering a nursing home with a stay of at least a year, and one in 10 for five years or more.

What is the cost of staying in a nursing home?

The average cost in 1990 was $86 a day, or $31,000 a year, more than double the cost in 1980. The current range in 1994 is around $30,000 a year in rural areas and $65,000 in major cities.

What types of LTC plans are available?

Long-term care insurance is similar to other insurance in that it allows people to pay a known and affordable premium which offsets the risk of much larger out-of-pocket expenses. Several types of policies are available, but most are "indemnity" policies. This means you receive a fixed dollar amount for each day you receive specified care either in a nursing home or at home. The daily benefit for at-home care is usually half the benefit for nursing home care.

Because costs increase over time, most policies now offer an inflation adjustment feature. In many policies with this feature, the initial benefit amount will increase automatically each year at a specified rate (i.e. 5 percent) over a specified period of time (i.e. 15 years). You also want to be sure your policy is **guaranteed renewable**, which means the company cannot cancel the policy. The AMEX plan is guaranteed renewable and offers two different inflation protection options.

Who is eligible?

Members, spouses, parents (in-laws) ages 40 through 84 may apply for Long Term Care Coverage. For further information on the AMEX Long Term Care Plan sponsored through the MSMS Group Insurance Trust LTC program call 1-800-748-0195. ■

Valerie Barker is chief of insurance marketing for Physician Service Group, Inc., an MSMS subsidiary operation.

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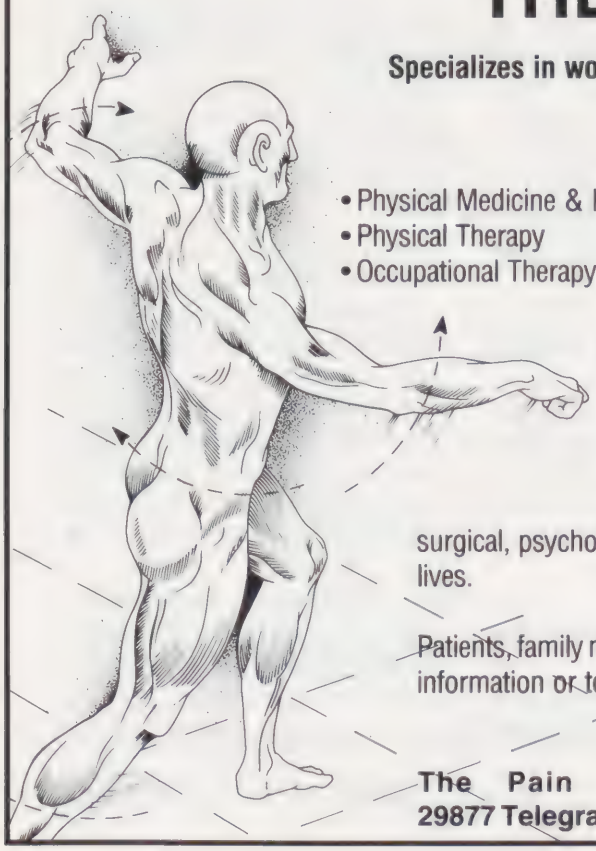
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Pages 33-56 missing

Health Care Reform A Community-based Alternative: *The Comprehensive Community Health Models Initiative*

By Pamela A. Paul-Shaheen



Rising health care costs, decreased access to health care and a growing fear among all Americans about their ability to pay for and gain access to health care has intensified national interest in reforming the nation's health care system. Most of that interest is focused on Washington, DC, where reform options are currently being debated by Congress.

Although the debate is taking place nationally —seriously considered, it is important to remember that health care is purchased, delivered, and consumed locally. Thus, communities need to be an integral part of the health care reform equation.

To assist communities in exploring their reform options, the W.K. Kellogg Foundation has funded a new Michigan-based program, the Comprehensive Community Health Models (CCHMs) initiative.[1]

The Comprehensive Community Health Models initiative is a partnership between the W.K. Kellogg Foundation and three Michigan counties — Calhoun, Muskegon, and St. Clair.[2] Through this linkage, the Kellogg Foundation contributes financial and technical resources to help communities bring payers, providers, and consumers together county-wide to assess and reform local health systems. The overall goal of this partnership is to assist communities in improving and maintaining local health through (1) assessing and prioritizing community health needs; (2) redefining health through a local visioning process; (3) developing a community-driven, comprehensive plan to provide basic health care to all residents; and (4) providing community governance for implementing and management.

The partnership will provide these communities with an opportunity to develop and implement comprehensive health care reform strategies at the local level. The initiative is designed to assist these communities in addressing problems of cost and access to appropriate care as part of an overall effort to improve the health status of community members.

Engaging communities in the process

The Comprehensive Community Health Models initiative is designed to respond to the growing need for health system reform. Consistent with the W.K. Kellogg Foundation's mission and history, the CCHM's initiative takes a community-based, collaborative approach to addressing this critical issue. The approach is based on the Foundation's previous experience with more than 100 community-based health care projects. These projects demonstrated that when communities are provided with the necessary resources and information, they gain the capacity to make significant change. Additionally, such approaches make it possible for individuals to gain greater control over their lives and those of their families. Nowhere is this potential more evident than in issues involving community health.

The CCHM's approach presumes that communities need a mechanism to assess and prioritize health needs and a way to manage a system that addresses and meets those needs. Consumers, payers, and providers of health care all need to work collaboratively together to improve the health status of community members. Such a partnership will allow the community to achieve far more than can each of these groups working independently.

When a community manages its health care resources — and understands the nature of its health care problems, how its health and human service provid-

Continued on next page

Continued from previous page

ers perform, and the financial limitation of its payers — the community can then establish priorities and develop programs to expand access, control costs, improve quality, and maximize consumer, provider and payer satisfaction.

Elements of change

The primary goal of the CCHM's initiative is to assist communities in rethinking and redesigning their health care systems by focusing on improving and maintaining health.

"I think a lot of energy is being expended to touch the whole population, so this doesn't come across as a project simply dropped down into the laps of the counties, but instead comes from the grassroots. A lot of our community efforts have gone into just communicating the issues thus far, but now, this fall, we're really starting to work on the nuts and bolts. It's very exciting."

Philip C. Ptacin, MD, Battle Creek

Although individual CCHM's communities will take different paths to this goal, each will work to develop a reformed health care system which incorporates the following **five key goals:**

1. **Establishing a community governing board** which will be broadly based and representative of the major constituencies of the community. On behalf of the community, the board will be responsible for defining the community's priorities, establishing local policy, and allocating resources.

2. **Creating an integrated administrative structure** which allows communities to develop a single set of rules and regulations, reduce system fragmentation, and monitor the health system's performance.

3. **Expanding community-wide coverage** so that all residents will be eligible for health benefits and have access to appropriate, quality health care services.

4. **Developing a comprehensive integrated delivery system** which places special emphasis on health promotion, disease prevention, and primary care. Such systems will also link health and human service providers with medical service delivery within the community.

5. **Designing a health information system** to enhance decision-making ability; monitor the quality of care — its costs, benefits and levels of consumer satisfaction; streamline the flow of information among providers to improve medical decision-making; and assess improvements in health status.

FIGURE 1

Overview of Phases

During **Phase I** — Community Introduction to CCHMs — community foundations were asked to establish a dialogue in their communities to inform community members about the invitation from W.K. Kellogg Foundation to become a CCHMs partner. The community foundations were given up to six months to accomplish this important task. As part of their efforts, the community foundations held numerous meetings with various interest groups, and conducted a series of community-based focus groups and public forums in an effort to inform the community. This activity offered community members an opportunity to learn more about the project, ask questions about the community's role, and allowed the community foundation an opportunity to assess the interest of the community in becoming a CCHMs partner.[4]

Phase II — Community Visioning and Planning — a 12 to 18-month period, allows the community to convene a CCHMs Planning Committee drawn from the community at large. The Planning Committee develops a "vision" of health care for the future and, based on that vision, develops a Community Health Investment Plan (CHIP), describing how the community will implement its version of a Comprehensive Community Health Model.

Phase III — the Community Endorsement — is a three-to-four-month period during which the proposed Community Health Investment Plan is reviewed by various interest groups in the community and the community at large. As the planning process cannot attempt to fully represent the entire community, this period of community outreach affords the CCHMs Planning Committee the opportunity to gain broad public endorsement of the plan and to make any refinements needed based on public input.

Phase IV — Community Plan Implementation[5] — consists of a three-to-five-year period during which the various components of the Community Health Investment Plan will be implemented. A major goal of this period is to assure the full integration of the plan's five major elements within the CCHMs communities to assure their continued viability once W.K. Kellogg Foundation support has been fully utilized.

The four phases of CCHMs[3]

Four broad phases constitute the CCHM's initiative. They are identified in Figure 1.

A key role for physicians

Physicians have played key roles in all phases in the CCHM's initiative. John Coury, MD, a former AMA president, and Robert Garrison, Jr., MD, served as

members of the Community Foundation's CCHM's Preplanning Committees in St. Clair and Muskegon Counties. In this capacity, they assisted the local foundations in identifying key community interest groups that needed to be made aware of the project, developing informational materials on the project, answering questions about it, and suggesting nominees to serve on the communities' Visioning/Planning Committee.

In August, Doctor Garrison was appointed co-chair of the newly-established Muskegon CCHM's Steering Committee - the group vested with the responsibility to prepare the community's Health Investment Plan. He will be joined in this effort by Joseph Brock, MD; Donald Crandall, MD; I. Justin Kleaveland, MD; Patricia Ray, DO; and F. Remington Sprague, MD., all of whom have agreed to contribute their expertise and time to this important initiative.[6]

Calhoun County has proceeded the furthest with the CCHM's initiative, which in Calhoun County is known as the Calhoun County Health Improvement Project. The project is currently moving into the implementation phase, guided by a Governing Board of 16 community representatives.[7] Three physicians from the community serve as Governing Board members. They are: James C. Maher, MD, William J. Mayer, MD, MPH, and Philip C. Ptacin, MD. Collectively, this group has the responsibility for implementing the various recommendations and strategies developed as part of the Community's Visioning

"If we succeed, we'll have great value, both to the county and the nation. We're trying to come up with a community-based method of reform on wellness and health maintenance, not just treatment, and do it in a way that maintains and monitors quality. Extending this to all citizens is a big piece to chew off. What we've accomplished will have commonalities that can apply to practically any community. It will impact the health and well being of all. But it's going to be a devil of a lot of work."

Robert E. Garrison, Jr., MD, Muskegon

Continued on next page

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Continued from previous page

and Planning Phase.

In addition to the active participation of these individuals in the process, the medical societies in each of these communities remain active participants in the dialogue, both in terms of reacting to committee recommendations and participating in various implementation strategies. Such roles are viewed as crucial, for physicians have both a major stake and a major role in community-based health care reform. If these efforts are to succeed, physicians in the three CCHM's communities will need to continue to be an integral and supportive part of the process.[8] ■

Ms. Shaheen, a faculty member of the University of Michigan School of Public Health, is director of operations for the CCHMs initiative. Questions for Ms. Shaheen should be directed to (616) 963-3736.

Footnotes:

1 CCHMs was developed under the guidance of Helen K. Grace, a vice president of the W.E. Kellogg Foundation, and is under the direction of C. Patrick Babcock, a program director.

2 Initial partnerships in each of the communities have been established with the county's major community foundation. Community foundations were considered an appropriate focal point for contact because they are viewed as a community-wide resource. Their membership generally reflects the diversity of the community. They have a commitment to improving the quality of life in the community, and they can mobilize the community for change.

3 Each of the three participating communities is at a different stage in the CCHMs process. This staggered approach has been undertaken deliberately to allow the communities to learn from one another as they progress. Although each community is moving through the process independently, together the three CCHMs communities are exploring new paths to improving their community's health and are serving as models to inform the national debate on health care reform.

4 Response in all communities was extremely positive: where queried, community members indicated significant support — more than 85 percent in partnering with the W.K. Kellogg Foundation in this initiative.

5 Support from the W. K. Kellogg Foundation to assist communities in implementing their reform strategies will depend on a variety of factors. These will include the quality of the Community Health Investment Plan, the degree to which the key elements have been addressed, and the ability of the participating communities to receive any local, state, and federal approvals necessary for implementation.

6 St. Clair County has just completed the Community Introduction Phase of the CCHMs initiative. On August 1, 1994, the St. Clair County Community Foundation elected to move to Phase II of the project and is now in the process of identifying individuals to serve on the Community Visioning and Planning Committee.

7 The community foundation had convened a 45-member Advisory Board to complete the Visioning and Planning Phase. Ten of the individuals serving on that board were physicians. They were: Derrick T. Britt, MD, Ralph Cram, MD, Giri Dandamudi, MD, David L. Lambrix, Jr., MD, James C. Maher, MD, William Mayer, MD, and Philip C. Ptacin, MD.

8 For more information on activities in the CCHMs communities, contact: *In Calhoun County*: Patricia B. Johnson, Muskegon County Community Foundation, Inc., 425 W. Western Ave., Muskegon, MI 49440 (616) 722-4538; *In St. Clair County:* Marsha Becka, Executive Director, Community Foundation of St. Clair County, MNB Bldg., 800 Military, Suite 309, Port Huron, MI 48060 (810) 984-4761. For information on the overall CCHMs initiative, contact C. Patrick Babcock, Project Director, W.K. Kellogg Foundation, One Michigan Avenue East, Battle Creek, MI 49017-4058 (616) 968-1611.

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The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Anthony Aenlle, MD, 6815 Dixie Hwy, Suite 1, Clarkston, MI 48346
Action, Date Taken: Probation, 09-25-94
Reason: C.E. Audit Violation

Name: Stuart W. Bilyeu, DO, 1210 N. Maple Road, Ann Arbor, MI 48103
Action, Date Taken: License Suspended - 3 years, Fine $1,000.00, 02-05-93 or 02-06-93
Reason: Conv-Drug Related

Name: Zack B. Brown, MD, 14438 W. Nichols, Detroit, MI 48235
Action, Date Taken: License Summarily Suspended, 08-18-94
Reason: Drug Related

Name: David B. Edgar, MD, 4615 East Forest, SE, Grand Rapids, MI 49546
Action, Date Taken: Reclassified w/Unlimited License, 08-30-94
Reason: None Available

Name: Raymond M. Engleman, MD, 2744 Flushing Road, Flint, MI 48504
Action, Date Taken: Probation, 08-31-94
Reason: C.E. Audit Violation

Name: Salah Eldin Abdelsal Gouda, MD, 2119 15 Mile Road, Sterling Heights, MI 48310
Action, Date Taken: Probation, 09-27-94
Reason: C.E. Audit Violation

Name: James C. Green, DO, Plaza Del Sur, Ste 22, Mesa, AZ 85202
Action, Date Taken: License Suspended - 6 months & 1 day, 08-04-94
Reason: Conv-Drug Related

Name: Mark Allen Grushky, MD, 8391 Commerce Road, Suite 110, Commerce Twp, MI 48382
Action, Date Taken: Probation, 09-17-94
Reason: C.E. Audit Violation

Name: William N. Hubbard, MD, 4630 East Gull Lake Drive, Hickory Corners, MI 49060
Action, Date Taken: Reprimand, Fine $1,000.00, Probation, 08-07-94
Reason: C.E. Audit Violation

Name: Peter P. Krenitsky, DO, 13355 E. 10 Mile Rd., Ste 215, Warren, MI 48089
Action, Date Taken: License Summarily Suspended, 07-20-94
Reason: Conv/Alcohol Related

Name: Zenaida Lagman, MD, 5130 Westmoreland Dr, Troy, MI 48098
Action, Date Taken: Reclassified w/Unlimited License, 08-30-94
Reason: None Available

Name: Leslie D. McBeth, MD, 9773 Abi Court, Plymouth, MI 48170
Action, Date Taken: License Summarily Suspended, 08-24-94
Reason: Criminal Conv/Alcohol Related

Name: Julian Anthony Moore, MD, 1201 Flushing Rd, Flint, MI 48504
Action, Date Taken: Probation, 09-21-94
Reason: C.E. Audit Violation

Name: Michael H. Rainer, MD, 18877 W. Ten Mile Rd, Southfield, MI 48075
Action, Date Taken: Probation, 09-16-94
Reason: Substance Abuse

Name: Peter B. Vlcko, DO, 2370 Walton Blvd., Rochester Hills, MI 48309
Action, Date Taken: License Revoked, 08-20-94
Reason: Conv-Criminal Sexual Conduct ■

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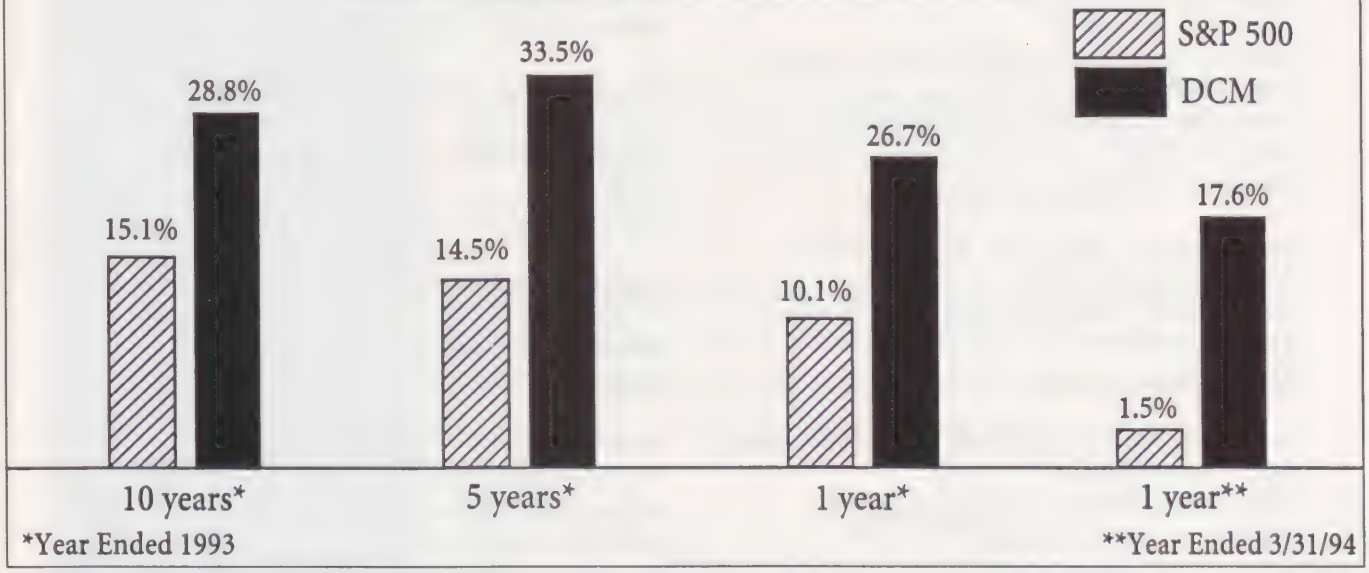
AVERAGE ANNUAL RETURN

1984- 1994

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vs.

STANDARD & POORS 500 STOCK INDEX



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**Year Ended 3/31/94

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NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals. Members without MD or DO designation are students.

A. M. Abdel-Rahman, MD PD
One Hurley Plaza
Flint, MI 48502

Kimberly Aikens, MD IM
111 Williams
Petoskey, MI 49770

Lawrence Ashker, DO R
6178 Westbrooke Dr.
West Bloomfield, MI 48322

Rodalfo B. Bacolor, MD IM
1700 Clinton St.
Muskegon, MI 49443

Brian A. Barbish, MD IM
25990 Kelly Rd. #4
Roseville, MI 48066

Thomas K. Barringer, MD IM
44199 Dequindre #217
Troy, MI 48098

Lynn A. Beatty, MD FP
2530 Swayze
Flint, MI 48503

Lee E. Berens, MD AN
4100 40th St.
Hamilton, MI 49419

Marc J. Berstein, MD IM
252 E. Lovell, #506 W.
Kalamazoo, MI 49007

Kevin L. Beyer, DO GE
1535 Gull #150
Kalamazoo, MI 49001

C. J. M. Castaneda, MD IM
29111 Laurel Woods Dr.
Southfield, MI 48034

Pastor R. Causin, Jr, MD PM
415 Riverwoods Dr.
Flushing, MI 48433

C. Y. Chang, MD PM
751 E. 9 Mile Road
Ferndale, MI 48220

Deborah Charfoos, MD OBG
6900 Orchard Lake Rd. #311
W. Bloomfield, MI 48322

Lorenzo Childress, Jr, MD IM
1800 Tuzedo
Detroit, MI 48206

Laning R. Davidon, MD ATP
1440 Yorktown
Grosse Pte Woods, MI 48236

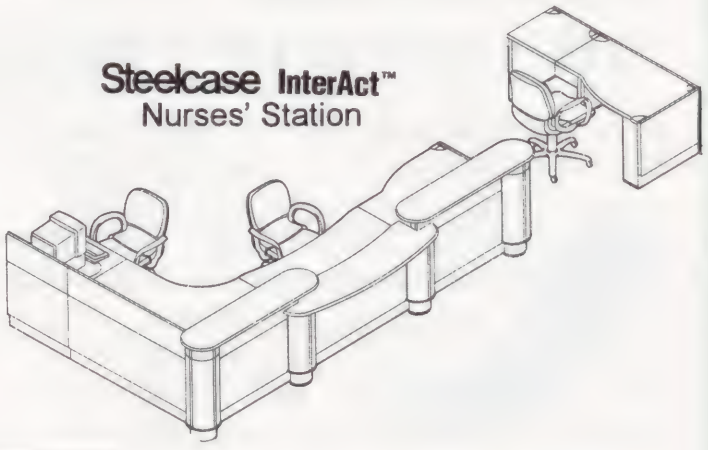
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Continued from previous page

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888 Woodward #106
Pontiac, MI 48341

Miriam Fernandez, MD DR
2809 Crestwood Dr.
Flint, MI 48503

Grant R. I. Fraser, MD OPH
111 W. 24th Street
Holland, MI 49423

Marc Frick, MD FP
419 S. Coral
Kalkaska, MI 49646

Mary E. Gaffney, DO FP
1 Ford Place
Detroit, MI 48214

Terry R. Gordon, MD IM
400 Renaissance Ctr. #1400
Detroit, MI 48243-1594

John R. Gosling, MD IM
11775 Tecumseh Rd.
Clinton, MI 49236

Veena Govila, MD IM
155 S. Woodward
Bloomfield, MI 48302

Curtis G. Graham, MD OBG
252 E. Lovell
Kalamazoo, MI 49007

Basel Hamzeh, MD PD
21460 Bournemouth #103A
Harper Woods, MI 48225

T. P. Hessburg, MD OPH
15401 E. Jefferson
Grosse Pte Park, MI 48230

Timothy Hestness, MD AN
4005 Orchard Dr.
Midland, MI 48670

Curtis E. Hightower, MD AN
62 Hidden Lane
Battle Creek, MI 49017-4516

James D. Hively, MD GS
10309 Millerdale Rd.
Stanwood, MI 49307

Nicholas J. Hruby, MD ATP
1900 Columbus Ave
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Todd V. Ingram, MD FP
438 N. Main St.
L'anse, MI 49946

Maurice D. Jones, MD IM
3615 Burbank
Ann Arbor, MI 48105

Rama Krishna Kakani, MD
Vincent Ct #13
Flint, MI 48503

Gregory J. Katz, MD OPH
5333 McAuley Dr. #6109
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Pontiac, MI 4841

Peter C. Kohler, MD ON
5041 W. Royal Dr. #2
Traverse City, MI 49684

John Koziarski, MD GS
2845 Capital SW, #206
Battle Creek, MI 49015

Daniel B. Kozlow, MD OPH
14050 Dix
Southgate, MI 48195

D. M. Leppink, MD PS/GS
426 Michigan NE #300
Grand Rapids, MI 49503

Jeffrey P. Letzer, DO HEM
2025 S. Washington #200
Lansing, MI 48910

Thomas A. Malone, MD PD
18101 Oakwood Blvd, #2-109
Dearborn, MI 48123

L. M. Marrero-Reyes, MD GP
6923 Chimney Hill Dr. #1502
West Bloomfield, MI 48322

Paul Mazzara, MD PTH
22101 Maross, Path Dept.
Detroit, MI 48236-2172

B. T. Montgomery, MD U
1414 W. Fair Ave #242
Marquette, MI 49855

Booker T. Morris, MD OBG
51399 Pebble Beach Ct.
Granger, IN 46530

Stephen J. Motyka, MD
P.O. Box 1617
Dearborn, MI 48121-1617

Mohammad R. Navai, MD PD
1935 N. Pontiac Trail #A
Walled Lake, MI 48390

Shawn M. O'Donnell, MD FP
302 Kensington
Flint, MI 48506

B.J. Owens, III, MD GS
820 Lester Ave
St. Joseph, MI 49085

David Pastoor, MD FP
P.O. Box 536
Mackinac Island, MI 49757

Binita J. Patel, MD PD
3250 Plymouth Rd.
Ann Arbor, MI 48105

Edward J. Pike, MD PD
16001 W. 9 Mile Road,
Box 2043, Southfield, MI 48037

R. Rajaraman, MD OTO
25426 Goddard
Taylor, MI 48180

Kala Reddy, MD PD
168 N. Caseville Rd.
Pigeon, MI 48755

Sami F. Rifat, MD FP
2055 Crooks Rd.
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Kalamazoo, MI 49007-2581

Susan Sauber, MD PD
6450 Farminton Rd. #025
W. Bloomfield, MI 48322

Steven E. Schlabach, DO FP
595 Barclay Cir #D
Rochester Hills, MI 48307

Timothy P. Sesi, MD PM
888 Woodward Ave #304
Pontiac, MI 48341

Mitchell S. Shek, MD D
800 S. Adams #210
Birmingham, MI 48009

Ernest C. Skidmore, MD OPH
4717 St. Antoine
Detroit, MI 48201

James N. Skupski, MD AN
411 Burr Oak Dr.
Ann Arbor, MI 48103

Jeffrey F. Smith, MD GS
330 Warwick Dr #E
Alma, MI 48801

Donald E. Snowdon, MD EM
420 W. Magnetic St.
Marquette, MI 49855

Paul D. Sweda, MD OBG
15500 Nineteen Mile Rd. #308
Clinton Twp., MI 48038

Ayman Tados, MD FP
2510 R. T. Longway #22
Flint, MI 48503

Reza M. Tehrani, MD IM
126 College St.
Battle Creek, MI 49017

John E. Uckele, MD OBG
44199 Dequindre #203
Troy, MI 48098

L. W. Waite, DO, MPH FP
3164 Capital Ave SW
Battle Creek, MI 49015-4108

James D. Walker, II, MD FP
8438 Holly Rd.
Grand Blanc, MI 48439

Steven M. Weiner, MD AN
18181 Oakwood Blvd #208
Dearborn, MI 48124

Lawrence T. Weston, MD CD
1521 Gull Rd #476
Kalamazoo, MI 49001-1640

Suzanne R. White, MD EM
4201 St. Antoine
Detroit, MI 48201

James R. Williams, MD OBG
632 North Ave
Battle Creek, MI 48602

F. S. Wreford, MD ATP
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OBITUARIES

In Memoriam

Arthur Bradley Eisenbrey Jr.



Arthur Bradley Eisenbrey, Jr., MD, 70, retired chief of pediatric neurosurgery at Children's Hospital, Detroit, and long-time Grosse Pointe Park resident, died September 13 from complications of pulmonary fibrosis in Grand Junction Colorado.

Doctor Eisenbrey was raised in Shaker Heights, Ohio and educated at Franklin & Marshall College in Lancaster, Penn., and Case Western Reserve University in Cleveland where he received his MD degree in 1948. After graduating from medical school, Doctor Eisenbrey served in the United States Air Force and was stationed in Greenland during the Korean War. He received his residency and specialty training at the Cleveland Clinic and the University of Iowa School of Medicine.

Doctor Eisenbrey came to the Detroit area in 1957 to serve on the neurosurgery staff at Henry Ford Hospital. He later went into private practice and began his association with Children's Hospital. Professional affiliations included MSMS, the AMA and the Congress of Neurological Surgeons.

A leader in tort reform

Doctor Eisenbrey was a leader in the effort to achieve tort reform in Michigan. He was the founder and chairman of the Physicians Crisis Committee which was responsible for the enactment of a number of significant tort reforms in 1975. Among the reforms was the creation of the Brown-McNeely Fund that provided professional liability insurance for Michigan physicians. In 1980, Doctor Eisenbrey become the founding chairman of the Physicians Insurance Company of Michigan (PICOM), which assumed the insurance business of the Brown-McNeely Fund. Doctor Eisenbrey served as chairman of PICOM until his death.

Memorial contributions may be made to: Children's Hospital/ Laura Murphy Fund, attention Development Office, 3901 Beaubien, Detroit, MI 48201-9932, or to the Cancer Research Institute/Doctor Bechtel Research Fund, St. Mary's Hospital & Medical Center, PO Box 1628, Grand Junction, CO 81506. ■

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MICHIGAN STATE MEDICAL SOCIETY

MEETINGS

MSMS Meetings

October

19, 20, Risk Management Clinical Conferences, Diagnosis and Management of Cervical Abnormalities. 19, Novi; 20, Grand Rapids. Contact Debra Metro at (517) 336-5769.

19-23, American Society of Anesthesiologists House of Delegates, San Francisco, California. Contact Caroline Kimmel at (517) 336-7585.

26, Practice Parameters Update. MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

27, Fundamentals of Risk Management. Kalamazoo. Contact Debra Metro at (517) 336-5769.

29, Closed Claim Review Session for Internal Medicine. Novi. Contact Debra Metro at (517) 336-5769.

November

2, 1994 Supervisory Skills Series: "Mastering the Art of Medical Office Management. Session III: Creating a Great Place to Work. Novi. Contact Roberta Lott at (517) 336-5767.

3-5 MSMS Annual Scientific Meeting: Complete Your CME Puzzle. The Dearborn Inn, Dearborn, MI. Contact Sarah Cressman at (517) 336-5727.

8, 9, 15, 16, Closed Claim Review Sessions for Obstetrics/Gynecology. 8, Treasure Island, Saginaw; 9, Novi; 15, WMU Regional Center, Grand Rapids; 16, MSMS Headquarters, East Lansing. Contact Debra Metro at (517) 336-5769.

10, Fundamentals of Risk Management. Wayne County Medical Society, Detroit. Contact Debra Metro at (517) 336-5769.

15, Risk Management Clinical Conferences for Professional Liability and Breast Cancer. Novi. Contact Debra Metro at (517) 336-5769.

16, MSMS Board of Directors Meeting. MSMS headquarters, East Lansing. Contact MSMS Executive Director William E. Madigan at (517) 337-1351.

17, 22, 28, 29, 30, Closed Claim Review Sessions for Office Staff. 17, Muskegon; 22, Grand Rapids; 28, East Lansing; 29, Novi; 30, Petoskey. Contact Debra Metro at (517) 336-5769.

December

1, Closed Claim Review Sessions for Office Staff. Petoskey. Contact Debra Metro at (517) 336-5769.

2, Risk Management Mock Trial. Novi. Contact Debra Metro at (517) 336-5769.

6,7, The Office Staff and Professional Liability. 6, Kalamazoo; 7, Muskegon. Contact Debra Metro at (517) 336-5769.

8, 13, 14, 1995 Medicare Update. 8, Saginaw; 13, Novi; 14, Grand Rapids. Contact Roberta Lott at (517) 336-5767.

AMA Meetings

December

4-7, AMA Interim Meeting. Hawaii. Contact: Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

Michigan Specialty Society Meetings

November

2, Michigan Dermatological Society, Wayne State University, Detroit. Contact Dawn Reha at (517) 336-7589.

10, Michigan Medical Group Managers Association Fall Meeting, Grand Rapids. Contact Caroline Kimmel at (517) 336-7585.

December

2, Michigan Society of Respiratory Care House Meeting; East Lansing. Contact Caroline Kimmel at (517) 336-7585. ■

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CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

OCTOBER

17-18, 13th Annual Michigan Statewide Conference on Child Abuse and Neglect. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, University of Michigan Hospitals Child Protection Team, Michigan Committee for the Prevention of Child Abuse. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan, 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA.

22, Care of the Terminally Ill Patient in the Primary Care Setting. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:**Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan, 48106-1157, (313) 763-1400.**Approved for:** 6.5 hours of Category I Credit, 6.5 hours of Category 2A Credit, AOA.

27-28, Neonatology 1994: Gadgets, Gizmos and Good Ideas. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 13.0 hours of Category I Credit, 13.0 hours of Category 2A Credit, AOA.

NOVEMBER

4-5, Advances in Psychiatry VI 1994. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Psychiatry. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health

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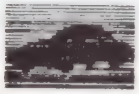
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Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 14.0 hours of Category I Credit, 14.0 hours of Category 2A Credit, AOA.

4-5, Sclerotherapy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 11.25 hours of Category I Credit.

5, Breast Symposium. Location: Blue Cross and Blue Shield of Michigan Auditorium, Southfield, Michigan. **Sponsor:** Blue Cross and Blue Shield of Michigan. **Contact:** Della Sansouci, (810) 354-8500, ext. 3827. **Approved for:** 4.0 hours of Category I Credit.

10-11, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 15.0 hours of Category I Credit.

10-11, Advanced Trauma Life Support, Student Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Office of Continuing Medical Education, Department of Surgery, American College of Surgeons Committee on Trauma, Michigan Committee on Trauma. **Contact:** Steve Cruise, Towsley Center, Department of Postgraduate Medicine, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 18 hours of Category I Credit.

17-18, Selected Topics in Clinical Nutrition. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical Center and College of Pharmacy. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA

18, Cumulative Trauma Disorders: Considerations in Cost-Effective Assessment, Management and Ergonomic Intervention. Location: Holiday Inn South, Lansing, Michigan. **Sponsor:** ARM Assessment-Rehabilitation-Management, Inc., St. Lawrence Hospital Occupational Health Service, Michigan Capital Healthcare Occupational Health Program, Michigan Capital Healthcare Continuing Education Department. **Contact:** Michigan Capital Healthcare Continuing Education, (517) 334-2107. **Approved for:** 6.0 hours of Category I Credit.

18-19, Stress EKG. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National

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Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 12.0 hours of Category I Credit.

18-19, 3rd Annual Women's Health Care. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Family Practice and Department of Obstetrics and Gynecology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 14.0 hours of Category I Credit, 14.0 hours of Category 2A Credit, AOA

DECEMBER

2-3, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 12.25 hours of Category I Credit.

10, Office Cardiology. Location: Detroit Marriott Livonia, Livonia, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 4.0 hours Category I Credit.

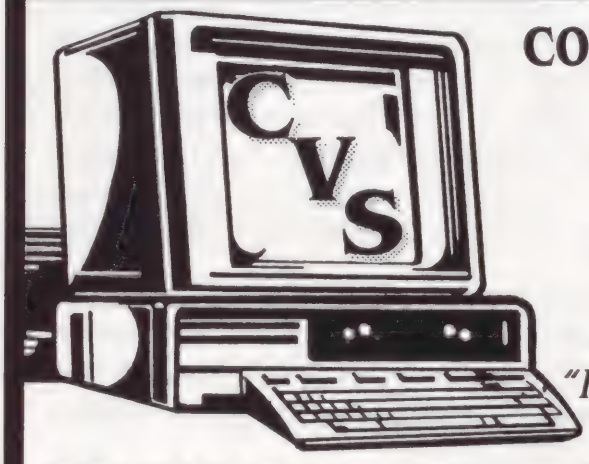
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JANUARY

21, Medstart Conference 1995: Opening Our Eyes Through the Voice of Children. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** Medstart. **Contact:** Julie Carroll, Vivek Rajagopal, or David Rosen, MD, Medstart, Office of Student Affairs, Med. Sci. - C Wing, University of Michigan Medical School, 1335 Catherine Street, Ann Arbor, Michigan, 48109-0611. **Approved for:** 6.0 Hours of Category I Credit.

MARCH

5-9, Radiology in the Desert: Practical Aspects of Radiology and Imaging. Location: Marriott's Camelback Inn, Resort, Golf Club and Spa, Scottsdale, Arizona. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 22.5 hours of Category I Credit. ■



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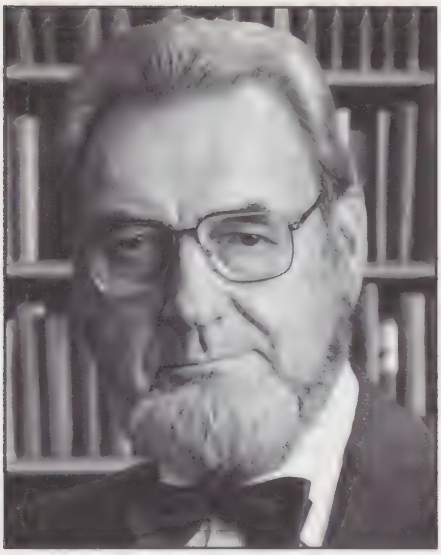
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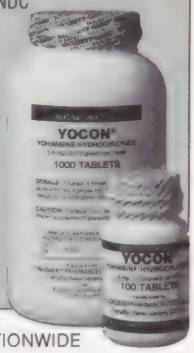
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References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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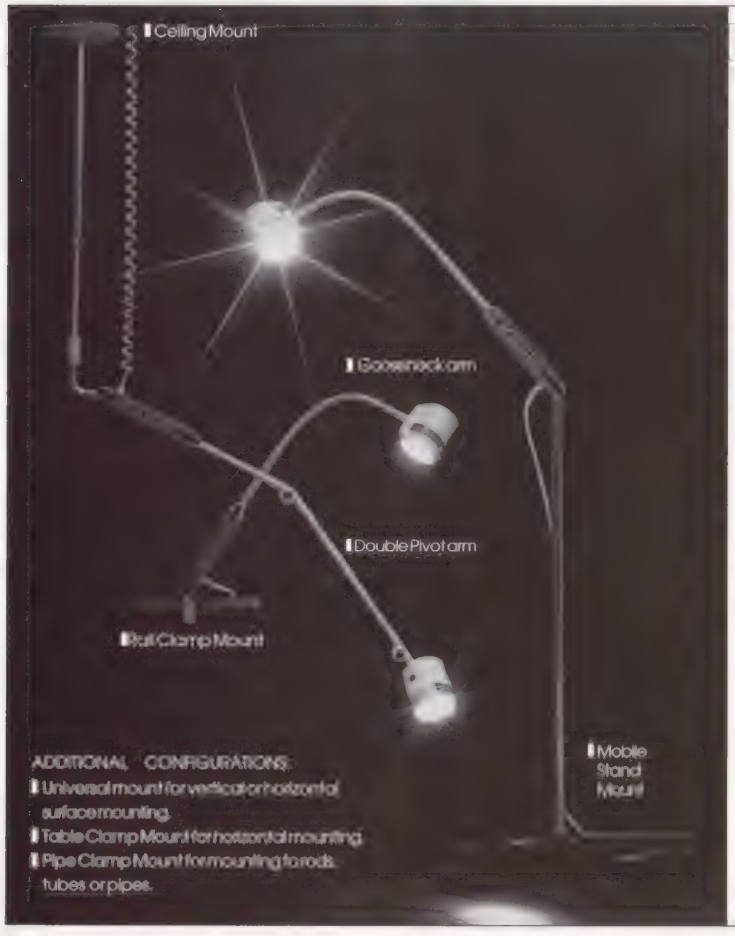
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Located in the center of a growing recreational region, Jackson offers affordable housing with a variety of golf courses, many private and public lakes and a wide range of family activities and cultural events. Jackson is easily accessible to major sporting and cultural events in Lansing, Ann Arbor and Detroit.

Stop by and see us at Booth #716 at the MSMS Scientific Meeting, November 3, 4 & 5 at the Dearborn Inn, Dearborn!

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ADVERTISING INDEX

Allied Office Interiors 65
Basha Diagnostics, PC 84
Bennethum Computers 12
Binson's Hosp. Equipment 84
Birmingham Imports 10
Blue Cross Blue Shield 72
Butterworth Hospital 78
Cellular One 67
Civitec 13
Colonial Valley Software 77
Comerica 6
CompHealth 76
Curare 80
Cyber Systems 71
Detroit Medical Center 79
DMC Rehab Institute of MI 31
DMC Health Centers 86
Doctor Chioda 82
Doctor's Capital Mgt. 64
Foote Hospital 86
Great Lakes FSBC 83
Great Lakes Medical Equip. 85
Harper Associates 81
Harvey Lexus 50
HCSA, Inc. 83
HPSC 84
IC System 57
Meadowbrook ..... IBC
Medical Billing Corp. 8
Metpath of MI 69
Medical Billing Service 2
Metro Rehab 34
Mercer, Inc. 60
Mercy North 74
Michigan Beef Council 61
Mood Institute 73
MPMLC ..... BC
MSMS AIDS Education Project 70
MSMS Group Insurance Trust 30
Naperville Hummer 85
Naples Realty 82
North Memorial 80
Oakwood Downriver 83
OmniCare 26
PAC Comp 24
Pain Institute 32
Palisades Pharm 79
PC Medical 84
Physician Service Group 1
Physicians Leasing 75
PICOM ..... IFC
Pincus 87
Planned Parenthood 80
Premier 82
Professional Practice Sales 81
Rehab Institute 62
Rossman Martin 59
Select Communications 4
St. Francis Inc. 9
St. Luke's 71
Stratton Cheeseman & Walsh .. 74
Three Rivers 83
Trans Global Tours 68
Trans National 8
War Memorial 66

PRESIDENT'S PAGE

Don't Put a Liability on the Michigan Supreme Court

By Jack L. Barry, MD



I can tell you from personal experience that getting involved in local politics is a rewarding experience, both personally and professionally.

This fall, you have the opportunity to get politically involved in a unique way; in races that have been virtually ignored in the past.

A new alliance has been created by MSMS, the Michigan Hospital Association and the Michigan Association of Osteopathic Physicians and Surgeons, along with many members of the former Michigan Medical Liability Reform Coalition.

The group is called the Alliance for Judicial Accountability (AJA).

The goal of the AJA is to review the "non-partisan" candidates running for the Michigan Supreme Court and to educate its members about them. Each member of the AJA will then decide on individual endorsements of candidates.

Liability reform at stake

The Supreme Court races, which most Michiganians have ignored in the past, are supremely important this year because of the potential impact on our hard-won medical liability reforms passed by the Michigan Legislature in May, 1993.

As you know, the Michigan Trial Lawyers Association (MTLA) already has filed a legal challenge to the constitutionality of the reforms. We anticipate that this challenge ultimately will come before the seven-member Michigan Supreme Court.

Currently the Court is fairly balanced. This November, however, two justices will be elected from a field of four. Incumbent Justice Conrad Mallett Jr. is running for re-election. Another seat vacated by retiring Justice Robert Griffin is open. Mallett and former MTLA president Donald Shelton have been selected by the Democrats to be their "non-partisan" candidates. The Republicans have chosen Richard Griffin and Elizabeth Weaver.

Members of the AJA conducted candidate interviews on September 7. Based on the candidates' records and statements, MSMS and the Michigan Doctor's Political Action Committee (MDPAC) has since endorsed the two Republican "non-partisan" candidates, Richard Griffin and Elizabeth Weaver.

The AJA has developed educational materials on all of the candidates that you can use to help educate yourself and your patients, friends, neighbors and colleagues. Order them through the MSMS Department of Communications and Professional Relations at 517-336-5745.

We can have an impact

Based on the fact that so little attention has been paid to these races in the past, we believe with a little grassroots political activity from you and other AJA members, we can have an extraordinary impact on the ultimate make-up of the Michigan Supreme Court.

We worked hard for more than two decades to improve the medical liability climate in Michigan so we could better serve our patients. We have seen insurance companies leave Michigan and rates rise through the roof. We have seen our young colleagues leave for more enlightened states. We have seen access to health care decrease. All of this because of the effective efforts of the trial lawyers to block rational and necessary medical liability reform.

In May of 1993, the Michigan Legislature finally acted on behalf of their constituents, our patients. Let's not allow the trial lawyers to turn the clock back through their incessant legal wrangling.

Let's not make the Michigan Supreme Court a liability. We made a difference before and we can do it again. ■

Doctor Barry is MSMS president.

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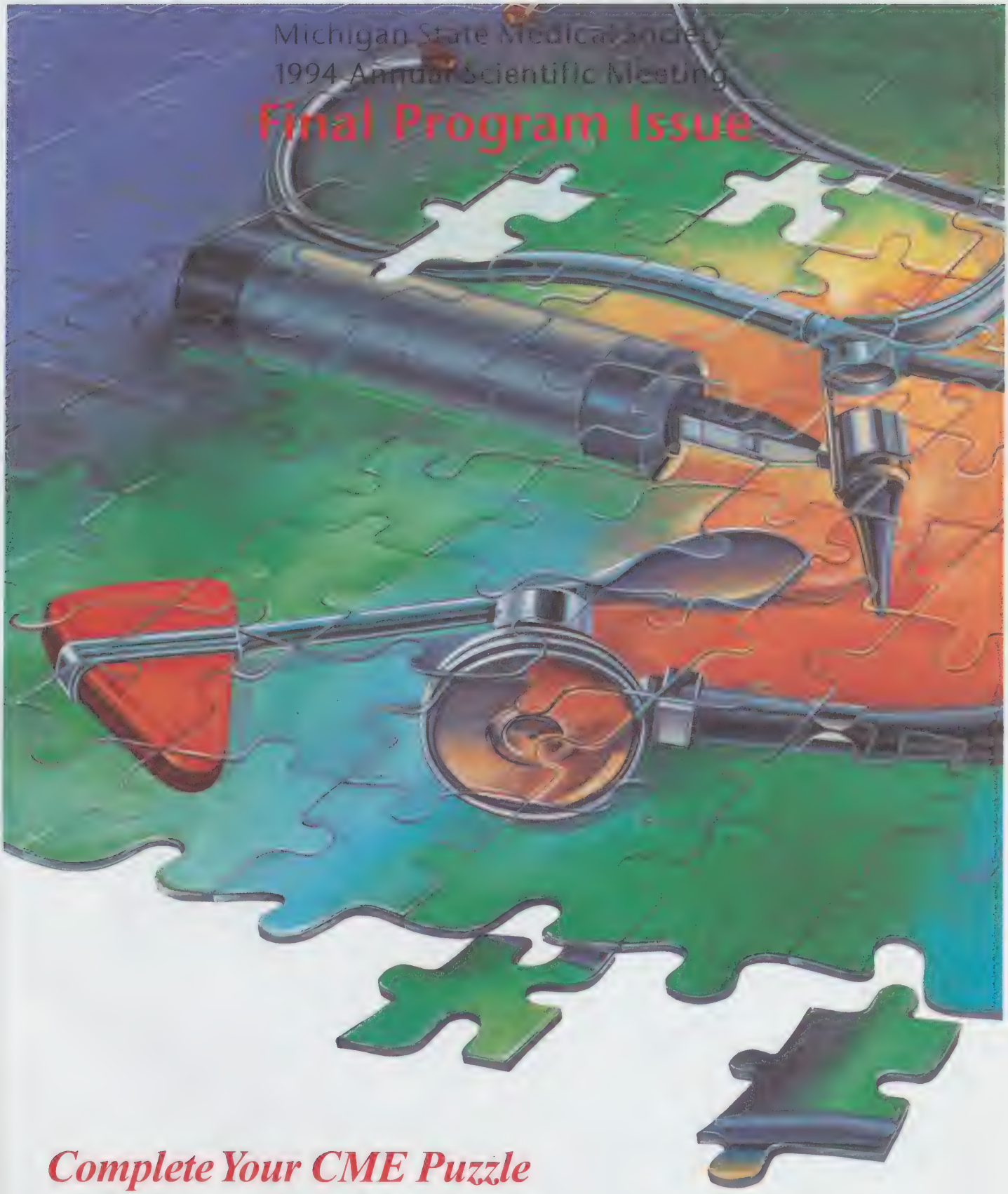


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Michigan State Medical Society
1994 Annual Scientific Meeting

Final Program Issue



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1994 ANNUAL SCIENTIFIC MEETING
November 3, 4 & 5, 1994
Dearborn Inn, Dearborn

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Welcome

MSMS Annual Scientific Meeting, November 3, 4 & 5, 1994



Dear Colleague:

We have a beautiful new location and an exciting new format for the Michigan State Medical Society's 129th Annual Scientific Meeting.

We will meet at The Dearborn Inn in Dearborn on Thursday, Friday and Saturday, November 3-5, where you can choose from 29 different CME programs and two plenary sessions. A maximum of 17 Category I Credit hours will be available.

You and your guests also are invited to a special presentation on Friday evening, November 4, entitled "Humor in Health Care." You won't want to miss it.

The 1994 MSMS Annual Scientific Meeting is going to be one of the best ever. Many thanks to the ASM Planning Committee chaired by Tama D. Abel, MD. They've done a great job for us.

Hope to see you all in Dearborn on November 3, 4 and 5.

Sincerely,

Jack L. Barry MD

Jack L. Barry, MD
President

Capsule Schedule

And Special Events

Wednesday, November 2, 1994

3:00 p.m. - 7:00 p.m.
Michigan Orthopaedic Society Executive Meeting and Dinner

Thursday, November 3, 1994

7:15 - 8:15 a.m.
Free "Early Bird" Plenary Session
"Minimally Invasive Surgical Techniques: Future, Fantasies and Failure"

8:30 a.m. to 12:00 Noon
Concurrent Scientific Courses
- Allergy and Immunology Update
- Ductal Carcinoma In Situ of the Breast
- Early Assessment and Treatment of Cerebrovascular Disorders
- Pediatric Spine
- The Performing Artist as an Athlete in Russian and American Society
- Update in Office Lipid Management

12:00 Noon
Lunch Recess/Exhibit Hall

Luncheon
MSMS Committee of Specialty Society Presidents

1:30 p.m. to 5:00 p.m.
Concurrent Scientific Courses
- Adult and Pediatric Asthma
- Care of the Depressed Patient in Primary Care
- Low Back Pain
- Lung Cancer Management
- Occupational and Environmental Medicine
- Pediatric Endocrinology

5:15 p.m. - 7:15 p.m.
Michigan Society of General Surgeons
Reception/Business Meeting/Program/Board Dinner

6:00 p.m.
Wayne State University School of Medicine Alumni Association Reception

Friday, November 4, 1994

7:15 - 8:15 a.m.
Free "Early Bird" Plenary Session
"Genetics and Pregnancy"

8:30 a.m. to 12:00 Noon
Concurrent Scientific Courses
- Clinical Nephrology Cases for the Internist/Generalist
- Computers in Medicine: Introduction ***(Limited Attendance Workshop)***
- Cosmetic Dermatology
- Lumbar Radiculopathy Diagnosis and Non-Operative Treatment
- Menopause Evaluation and Management
- Prostate Cancer: Counseling About Therapy Options
- Shoulder and Elbow Injuries in the Throwing Athlete

12:00 Noon
Lunch Recess/Exhibit Hall

1:30 p.m. to 5:00 p.m.
Concurrent Scientific Courses
- Basic Cardiac Life Support ***(Limited Attendance Workshop)***
- Computers in Medicine: Advanced ***(Limited Attendance Workshop)***
- Dermatological Diagnosis and Therapy
- Inflammatory Bowel Disease
- Neurological Diseases in the Elderly
- Radiology Update
- Snoring and Obstructive Sleep Apnea

6:00 p.m.
Michigan Society of Colon and Rectal Surgeons
Dinner Meeting

"Humor in Health Care," Reception, Dinner & Program

Capsule Schedule

MSMS Annual Scientific Meeting, November 3, 4 & 5, 1994



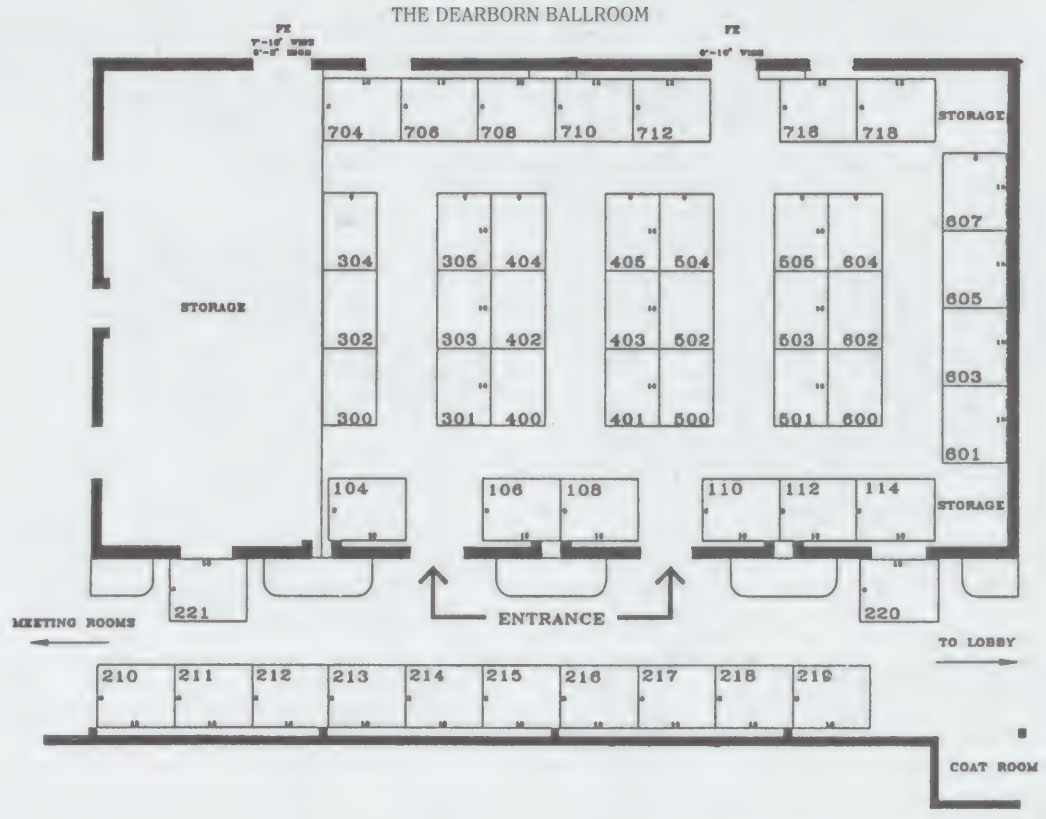


Exhibit Hall Hours

Wednesday, November 2
6:00 p.m. - 9:00 p.m.
Exhibit Set-Up and Reception

Thursday, November 3
7:00 a.m. - 5:30 p.m.
Registration and Exhibits Open to Physicians and Guests.
Complimentary Exhibit Hall Passes Available.

Friday, November 4
7:00 a.m. - 5:30 p.m.
Registration and Exhibits Open to Physicians and Guests.
Complimentary Exhibit Hall Passes Available.

5:30 p.m. - 8:30 p.m.
Exhibit Move-Out

Coffee

Coffee will be available during the hours of the Exhibit Hall, compliments of MSMS. During the "early bird" plenary sessions, coffee also will be available in the back of the room.

MICHIGAN STATE MEDICAL SOCIETY 1866

General Information

MSMS Annual Scientific Meeting, November 3, 4 & 5, 1994

Enjoy Comfortable Accommodations at The Dearborn Inn

The Dearborn Inn, a Marriott Hotel, brings you incomparable elegance and colonial charm. All educational and special functions at the 1994 Annual Scientific Meeting will be held at the Dearborn Inn.

A special rate of $107 per room, single or double occupancy, has been arranged for MSMS on the nights of November 2 and 3, 1994. For the nights of November 4, 5 and 6, 1994, the "Marriott Two for Breakfast" package is available at $89.00 per room which includes breakfast for two in the Ten Eyck Room. Bring the family and, in your free time, visit Greenfield Village, Henry Ford Museum or shop at the nearby Fairlane Mall. So, pack a bag and plan to spend the night or weekend.

Those making hotel reservations at The Dearborn Inn prior to October 3, 1994, become eligible for a drawing to win one night's free lodging and dinner for two at the Ten Eyck Room. Call the Michigan State Medical Society, Office of Clinical Education at (517) 336-5738 to receive your hotel reservation form, or use the form provided in this program.

How to Register

Registration for the Annual Scientific Meeting is simple. Just complete the ASM Registration Form on the inside back cover of this program and send it by mail to MSMS, P.O. Box 950, East Lansing, MI 48826-0950, or by FAX to (517) 336-5797. Be sure to include a check or your VISA or MasterCard account number. A confirmation will be sent to you in advance of the meeting.

MSMS members pay $55 per course, $15 per day for buffet luncheon (excluding Saturday), plus a one-time registration fee of $20. The registration fee includes registration materials, handouts, coffee, admission to the two early bird plenary sessions and the MSMS Exhibit Hall.

Adopt-a-Doctor Discount

The ASM Planning Committee looks forward to continued participation of the hundreds of physicians who attend the MSMS Annual Scientific Meeting each year. Your efforts in promoting the meeting to your colleagues and the participation by more first-time attendees each year has resulted in the Adopt-a-Doctor discount program. You may take $20 off your registration total if you bring a physician who has never attended (or if you have never attended) an MSMS Annual Scientific Meeting.

Cancellation Policy

A 100% refund of course fees will be provided if MSMS is notified by October 28. The $20 registration fee is non-refundable. Cancellations after October 28 (up to the day of the conference) receive a full refund, less a $50 handling fee. No refunds will be given after the conference date without prior notification.

Special Accommodations

The Michigan State Medical Society wants this program to be readily accessible to everyone. Please let us know if you have special accommodation needs that would make this program more accessible or comfortable for you.

Buffet Luncheon

A tasty buffet-style lunch will allow you to enjoy lunch at your own pace, saving time for coffee and dessert in the MSMS Exhibit Hall. The cost for this luncheon is $15 per person. Advance registration is required.

Continuing Medical Education Credits

Michigan State Medical Society 17 Category I CME

The MSMS Committee on CME Programming, an organization accredited by the MSMS Committee on CME Accreditation, designates that this activity meets the criteria for a maximum of 17 hours of Category I toward the requirements for Michigan relicensure and of the Physicians Recognition Award of the AMA, provided it is completed as designed.

Each half-day course awards 3 credit hours, and Thursday and Friday morning plenary sessions each are worth an additional 1 hour of Category I CME credit.

Prescribed Credits for Family Physicians

This program has been reviewed and is acceptable for a total of 17 Prescribed hours by the American Academy of Family Physicians.

Audio Cassettes Available

For your convenience, audio cassettes of each course will be available at the MSMS Registration Desk, as well as by mail order following the meeting. Plan now to purchase tapes of the courses you attend, or those courses you don't get a chance to attend. Notify your hospital or clinic librarian to suggest ordering a complete set.

General Information

MSMS Annual Scientific Meeting, November 3, 4 & 5, 1994

MSMS Message Center: Special telephone lines will be installed for incoming local and long distance calls. Just call the Dearborn Inn, 313/271-2700 and ask for the MSMS Message Center. Be sure to check the Message Board at the MSMS Registration Desk regularly for posted messages.

Coat Check A complimentary coat check will be available adjacent to the MSMS Registration Desk and will operate at the same times. Please remember to pick up your coat before going to any evening functions. Items left at the coat check after 5:30 p.m. will be locked away until the following morning.

Admission to Courses: Admission will be by Course Admission Tickets, which will be given to physicians when they register. No one will be admitted to courses without tickets and/or badges. All courses begin promptly at 8:30 a.m. or 1:30 p.m.

Faculty Headquarters: Course directors and instructors can use the Edison Room on the Second Floor as a place to meet, review slides or course materials, etc.

No Smoking Please: All participants are asked to refrain from smoking while courses are in session. There will be a half-hour break in all courses. The no-smoking policy has been in effect since 1977.

Free Coffee: Coffee will be available in the Exhibit Hall. Plenary sessions will have coffee available in the rear of the room.

Exhibit Center: Participants are urged to visit the outstanding displays featured in the Exhibit Hall and to express their support for the exhibitors' financial contribution to the meeting. Exhibits are open from 7:00 a.m. to 5:30 p.m. on Thursday and Friday.

Exhibit Hall Passes: Free passes are available for registered participants to invite their colleagues and/or staff to visit the exhibit hall.

Media: Medical writers and representatives of television and radio have been invited to cover the Annual Scientific Meeting. MSMS staff will be available all two and a half days in the Edison Room to provide assistance. Press releases will be provided for participants to complete and forward to their own local media.



Life Support Station:

The MSMS Annual Scientific Meeting is prepared to handle medical emergencies of all its participants that may occur within the physical confines of The Dearborn Inn, Dearborn. A Life Support Station will be staffed Thursday through Saturday during the hours of the meeting by Community EMS of Southfield.

In Case of Emergency...In The Dearborn Inn, Dearborn, CALL 6214, Thursday and Friday from 8:00 a.m. to 5:00 p.m. and Saturday from 8:00 a.m. to noon, or go to the Life Support Station in the Edison A room on the Second Floor. AT ALL OTHER TIMES CALL 0 AND STATE THE EMERGENCY. Please read carefully the following:

1. If an emergency (e.g., cardiac arrest) occurs during the hours the Station is open, proceed to the nearest telephone and call 6214. State the floor, area and room the patient is in and the nature of the problem as well as the number of the phone from which you are calling.

2. When the Life Support team arrives, they will assume command of the emergency care. Do not interfere or offer assistance unless asked to do so. Assist with crowd control and open a passageway for evacuation of the patient.

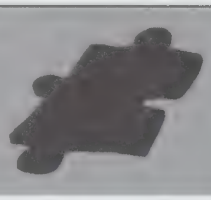
3. Do NOT summon an ambulance or call the hospital as this will be done by the team.

4. Persons needing medical attention may come directly to the Life Support Station.

MICHIGAN STATE MEDICAL SOCIETY 1866

Thursday Morning, Nov 3

All morning courses run from 8:30 a.m. to 12 noon with a half hour break



No Charge for this "Early Bird" Plenary Session
Complimentary Coffee Available at 7:00 a.m.

Minimally Invasive Surgical Techniques: Future, Fantasies and Failure

Narendra S. Tyagi, MD, Chief of Staff, St. Joseph Mercy Hospital, Pontiac

This course will review minimally invasive surgical techniques, and explore the future through presentation of newer techniques. This session will be helpful for primary care, as well as for surgeons performing endoscopic procedures. This presentation will emphasize limitations, patient selection and complications related to minimally invasive procedures. Time will be made available for questions and discussions of participant's own experiences.

Allergy and Immunology Update

PRESENTED BY: Michigan Allergy Society

This course will review new rationales for the management of upper and lower airway inflammation. It will provide useful information for all physicians who manage allergic rhinitis and asthma. The rationale for aggressive upper respiratory tract disease management through medication and immunotherapy will be presented in detail. Time will be available for questions.

COURSE DIRECTOR: Richard R. Townley, MD, President-Elect, Michigan Allergy Society

PRESIDING: Doctor Townley

Ductal Carcinoma In Situ of the Breast

PRESENTED BY: Division of General Surgery, Henry Ford Hospital, Detroit

Ductal carcinoma in situ of the breast has increased dramatically, especially in older women. Its significance and the optimal treatment are extremely controversial. This course will discuss the radiographic diagnosis, the histopathological evaluation and significance, the surgical management and the evolving management by radiation therapy. The type and extent of the surgical procedure selected and the appropriate follow-up after surgery or radiation therapy will be emphasized. The course should be of interest to primary care physicians, surgeons, radiotherapists, pathologists and medical oncologists.

COURSE DIRECTOR: Angelos A. Kambouris, MD, FACS, Head, Division of General Surgery, Henry Ford Hospital, Detroit

PRESIDING: Doctor Kambouris

Early Assessment and Treatment of Cerebrovascular Disorders

PRESENTED BY: Department of Surgery, Section of Neurosurgery, University of Michigan Medical Center

This course will provide primary physicians with comprehensive guidelines for assessing the patient with a new neurologic deficit. The concept of "Brain Attack" will be introduced and disorders that cause acute neurologic deficit will be reviewed. New approaches to the evaluation and treatment of stroke, intracerebral hemorrhage, and subarachnoid hemorrhage will be presented. Time will be reserved after each lecture for questions and discussion of participant's own cases. Upon completion of this course, participants will be proficient in the early recognition of cerebrovascular disease and will be able to initiate therapies and referrals to maximize the patient's neurologic recovery.

COURSE DIRECTOR: Lawrence D. Dickinson, MD, Assistant Professor, Department of Surgery, University of Michigan Medical School

PRESIDING: Doctor Dickinson

MICHIGAN STATE MEDICAL SOCIETY 1866

Thursday Morning, Nov 3

All morning courses run from 8:30 a.m. to 12 noon with a half hour break

Pediatric Spine

PRESENTED BY: Section of Neurosurgery, University of Michigan Medical School

The purpose of this course is to familiarize physicians with common problems of the pediatric spine. Physicians will learn about the significance of back pain in children and how to clinically and radiographically evaluate such pain. Issues which will be discussed include: Scoliosis - When is it significant?; Spinal dysraphism - When is a dimple more than a dimple?; How to manage the pediatric patient with back pain - comprehensive care of the pediatric back; and the athlete with a narrow spinal canal. Included in the course will be a panel discussion on a variety of cases and a question and answer session.

COURSE DIRECTOR: Karin M. Muraszko, MD, Section of Neurosurgery, University of Michigan Medical School

PRESIDING: Doctor Muraszko

The Performing Artist as an Athlete in Russian and American Society

PRESENTED BY: American Russian Medical Xchange

Speakers from both the American and Russian sports medicine communities will discuss the complexities of Russian and American delivery systems, techniques in regard to sports medicine and assess the strength and weaknesses of each system. The care, conditioning, rewards, and role of the performing artist as an athlete, will be explored. A variety of methodologies, unique and common to each country, and the areas of non-traditional forms of medicine will be reviewed. Ample opportunity to individually address specific areas of interest will be provided.

COURSE CO-DIRECTORS: Dawn E. Springer, MD, and Larry W. Fitzsimmons, MD, Founders of American Russian Medical Xchange, Lansing

PRESIDING: Henry Beckmeyer, DO, Professor and Chairperson, Michigan State University College of Osteopathic Medicine

Update in Office Lipid Management

PRESENTED BY: Department of Internal Medicine and Endocrinology, Henry Ford Hospital, Detroit and University of Michigan, MedSport

This course is designed for primary care providers and any physician who provides comprehensive care to patients with atherosclerosis. It will provide guidelines on day-to-day practical decisions regarding application of dietary and drug lipid lowering therapy. Evidence of possible benefits of antioxidants will be updated. A large portion of the program will include instructive case reports with open dialogue between the audience and a panel of speakers.

COURSE CO-DIRECTORS: Lester J. Kobylak, MD, Staff Physician, Departments of Internal Medicine and Endocrinology, Henry Ford Hospital, Detroit and Kathy Rhodes, PhD, RD, University of Michigan, MedSport.

PRESIDING: Doctors Kobylak and Rhodes

MICHIGAN STATE MEDICAL SOCIETY 1866

Thursday Afternoon, Nov 3

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break

Adult and Pediatric Asthma

PRESENTED BY: Departments of Internal Medicine and Pediatrics, Wayne State University School of Medicine and Department of Internal Medicine, University of Michigan Medical School

This course will provide family practitioners, internists and pediatricians with a practical overview of the pathogenesis, clinical evaluation and treatment of asthma. The course will begin with a general introduction. Then aspects of disease presentation and treatment that are unique to children will be discussed. Finally, work-related asthma as it occurs in Michigan and patient-directed treatment regimens will be presented.

COURSE CO-DIRECTORS: Michael R. Simon, MD, FACP, Associate Professor, Departments of Internal Medicine and Pediatrics, Wayne State University School of Medicine and William F. Bria, II, MD, Assistant Professor, Department of Internal Medicine, University of Michigan Medical School

PRESIDING: Doctors Simon and Bria

Care of the Depressed Patient in Primary Care

PRESENTED BY: Departments of Psychiatry and Family Practice, University of Michigan Medical School

This course, through lectures with ample time for questions and discussion, will provide advanced knowledge and skills to primary care physicians caring for depressed patients. Specific topics to be addressed will include the diagnosis of depression with medical and psychiatry co-morbidity, depression in special populations and recommendations for antidepressant use and maintenance therapy.

COURSE CO-DIRECTORS: Gregory W. Dalack, MD, Assistant Professor, Department of Psychiatry, University of Michigan Medical School and Thomas L. Schwenk, MD, Professor and Chair, Department of Family Practice, University of Michigan Medical School

PRESIDING: Doctors Dalack and Schwenk

Low Back Pain

PRESENTED BY: Department of Neurological Surgery, Wayne State University School of Medicine and Section of Neurosurgery, University of Michigan Medical School

A multi-disciplinary course will cover the evaluation and treatment of patients with low back pain of both acute and chronic varieties. The differential diagnosis concentrating on discogenic pain, structural abnormalities and spinal instability will be developed in terms of the possible treatments of these problems. The selection of radiologic studies most effective in evaluating the problems will be discussed. The strategies for the care of chronic back pain and the "failed back" will include both non-operative therapies and psychological evaluation and counseling. The place of pain clinics in the treatment of chronic back pain will be discussed.

COURSE CO-DIRECTORS: Fernando G. Diaz, MD, PhD, Professor and Chair, Department of Neurological Surgery, Wayne State University School of Medicine and John E. McGillicuddy, MD, Professor, Section of Neurosurgery, University of Michigan Medical Center

PRESIDING: Doctors Diaz and McGillicuddy

Lung Cancer Management

PRESENTED BY: Michigan Society of Thoracic and Cardiovascular Surgeons

Lung cancer, almost unheard of early in the century, has become the most common cancer in the world and the number one cancer killer for both sexes in the United States as the century nears its close. Yet, lung cancer is among the most preventable of all malignant neoplasms. Although overall survival does not exceed 15%, it is much better in a large and significant subset. The speakers will provide a state of the art review on the diagnosis and management of this disease. The course should be very useful to all physicians and especially generalists, internists and other primary care physicians.

COURSE DIRECTOR: Allen Silbergleit, MD, PhD, Director, Department of Surgery, St. Joseph Mercy Hospital, Pontiac; Clinical Professor, Department of Surgery, Wayne State University School of Medicine

PRESIDING: Doctor Silbergleit

Thursday Afternoon, Nov 3

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break

Occupational and Environmental Medicine

PRESENTED BY: Michigan Occupational and Environmental Medicine Association

This course is designed to educate physicians about two contemporary issues in occupational and environmental medicine: (1) workplace violence and (2) organochlorine compounds and the environment. The sessions on violence will address the identification of risk factors and methods of risk reduction. Additionally, the treatment of victims and co-workers will be discussed. The session on organochlorines will inform the audience of the relevant scientific, political and economic issues underlying the recent controversy over organochlorine compounds. Participants will gain knowledge about the toxicities and environmental effects of these diverse agents, as well as their applications in industry and health care. After attending this presentation, participants will be able to state the major arguments of both the proponents and opponents of a proposal to phase out the use of organochlorine compounds.

COURSE CO-DIRECTORS: James E. Blessman, MD, MPH, Assistant Professor, Department of Family Medicine, Wayne State University School of Medicine and Mark Upfal, MD, Vice-President, Michigan Occupational and Environmental Medicine Association

PRESIDING: Doctors Blessman and Upfal

Pediatric Endocrinology

PRESENTED BY: Department of Pediatrics, University of Michigan Medical School

Four current issues in pediatric endocrinology, through case descriptions, will instruct primary and consulting physicians in the approach to management of 1) the adolescent with insulin dependent diabetes in light of the DCCT outcome, 2) the short child–how to decide who to treat with growth hormone, 3) the child or adolescent with altered pubertal maturation, and 4) the abnormal newborn screen for hypothyroidism and congenital adrenal hyperplasia–which cases are urgent? Questions and audience participation will be encouraged.

COURSE DIRECTOR: Nancy J. Hopwood, MD, Professor of Pediatrics, Director, Pediatric Endocrinology, University of Michigan Medical School

PRESIDING: Doctor Hopwood

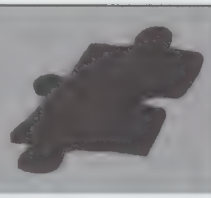
Michigan State Medical Society 3 Category I CME

All half-day courses offer up to 3 hours of Category I CME Credit

Registration Form on inside back cover.

Friday Morning, Nov 4

All morning courses run from 8:30 a.m. to 12 noon with a half hour break



No Charge for this "Early Bird" Plenary Session
Complimentary Coffee Available at 7:00 a.m.

Genetics and Pregnancy

Mark I. Evans, MD, Division of Reproductive Genetics, Hutzel Hospital, Detroit

This lecture will present the advances in technology over the past several years that have dramatically changed our approach to the prenatal diagnosis of genetic disorders that affect 3% of all pregnancies. These new technologies include new procedures, new laboratory tests and new interpretation of ultrasound data. The practicing obstetrician or family practitioner doing obstetrics should be able to understand and utilize these new technologies following this lecture.

Clinical Nephrology Cases for the Internist/Generalist

PRESENTED BY: Department of Nephrology and Hypertension, Henry Ford Hospital, Detroit

Short case vignettes illustrating practical clinical problems seen by generalists will serve to initiate interactive discussions of fluid-electrolyte and intrinsic renal disorders. Diagnosis and treatment will be emphasized. Discussion will include differential diagnosis, estimation of severity and development of a rational therapeutic regimen for the aforementioned disorders.

COURSE DIRECTOR: Robert G. Narins, MD, Division Head, Department of Nephrology and Hypertension, Henry Ford Hospital, Detroit

PRESIDING: Doctor Narins

Computers in Medicine: Introduction

PRESENTED BY: Department of Medical Education, Oakwood Hospital, Dearborn

This course will familiarize physicians with personal computer hardware, software and common applications. Participants will be introduced to word processing, database management, spreadsheets, basic concepts of literature searching and the use of differential diagnosis software. The course will be taught by professional computer instructors and expert physicians. To insure each participant hands-on time, the course will be held in the Oakwood Health Services Corporation computer classroom, approximately one mile from The Dearborn Inn. Please plan to arrive 30 minutes early, transportation will be provided.

COURSE DIRECTOR: Nicholas J. Lekas, MD, FACP, Director, Internal Medicine Residency and Department of Medical Education, Oakwood Hospital, Dearborn

PRESIDING: Doctor Lekas

Cosmetic Dermatology

PRESENTED BY: Michigan Academy of Plastic Surgeons

There is a recent renewed interest in adjunctive procedures to enhance the results of facelifts. Some of these have been practiced for many years by dermatologists who have gained a significant amount of experience. This course will review the available options for topical skin treatment with descriptions and demonstrations of safe skin peeling procedures. The presentations will be enhanced with video and live patient interviews.

COURSE DIRECTOR: Donald M. Ditmars, Jr., MD, Division Head, Department of Plastic and Reconstructive Surgery, Henry Ford Hospital, Detroit

PRESIDING: Doctor Ditmars

MICHIGAN STATE MEDICAL SOCIETY 18 66

Friday Morning, Nov 4

All morning courses run from 8:30 a.m. to 12 noon with a half hour break



Lumbar Radiculopathy Diagnosis and Non-Operative Treatment

PRESENTED BY: Sinai Hospital, Detroit, and Michigan Academy of Physical Medicine and Rehabilitation

The presenters will discuss symptoms and signs to diagnose lumbar radiculopathy. Discussion will include the importance of various examinations including MRIs, CT scans and electromyography. The results, importance and follow-up of non-operative care will be reviewed. Patients who have improved with non-operative therapy will be presented to discuss the severity of their symptoms and improvement.

COURSE DIRECTOR: Joseph C. Honet, MD, Chair, Department of Physical Medicine and Rehabilitation, Sinai Hospital, and Professor, Wayne State University School of Medicine

PRESIDING: Doctor Honet

Menopause Evaluation and Management

PRESENTED BY: Department of Obstetrics and Gynecology, Wayne State University School of Medicine

The objective of this course is to present concisely the pathophysiology of menopause and the management of menopausal disorders. The role of hormone replacement therapy (HRT) for prevention of osteoporosis and cardiovascular diseases will be emphasized. The risks and benefits of HRT with respect to breast cancer and other side effects will be discussed. The course is recommended for family physicians, internists and obstetrician/gynecologists.

COURSE DIRECTOR: Kamran S. Moghissi, MD, Professor, Department of Obstetrics/Gynecology, Wayne State University School of Medicine

PRESIDING: Doctor Moghissi

Prostate Cancer: Counseling About Therapy Options

PRESENTED BY: Michigan Psychiatric Society and Urologic Oncology Program, Wayne State University School of Medicine

Upon completion of this course the family practitioner and the specialist will clarify their thinking about the various issues that go into making difficult decisions about the treatment of prostatic cancer. Attention will be paid to unconscious issues regarding threat of genital damage, a sampling of conscious views of patients and a spouse, the background economic context and new techniques of interactive video.
COURSE CO-DIRECTORS: Cassandra M. Klyman, MD, President, Michigan Psychiatric Society and James E. Montie, MD, Director, Urologic Oncology Program, Wayne State University School of Medicine

PRESIDING: Doctor Montie

Shoulder and Elbow Injuries in the Throwing Athlete

PRESENTED BY: Department of Orthopaedic Surgery, University of Michigan Medical School

This course will review the diagnosis and management of shoulder and elbow problems frequently encountered in the throwing athlete. Using the throwing athlete as the primary example, shoulder and elbow biomechanics relative to their importance in pathologic state will be discussed. Techniques for diagnosing conditions, including evaluation of x-rays, MRIs and other studies will be covered. Non-operative treatment including modalities, rehabilitation and injection techniques will be emphasized. Surgical treatment will not be discussed in detail. This course is designed for individuals with an interest in sports medicine and upper extremity injuries. It is appropriate for primary care physicians, physical therapists and others involved in the care of shoulder and elbow injuries.

COURSE DIRECTOR: James E. Carpenter, MD, Assistant Professor, Department of Orthopaedic Surgery, University of Michigan Medical School, MedSport

PRESIDING: Doctor Carpenter

Friday Afternoon, Nov 4

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half hour break

Basic Cardiac Life Support

PRESENTED BY: St. Lawrence Hospital and Michigan College of Emergency Physicians

This course will include lecture and practical situations for teaching Basic Cardiac Life Support according to the American Heart Association guidelines. The session includes hands-on teaching of cardiopulmonary resuscitation, obstructed airways in unconscious and conscious victims, including infants. A BCLS card or Heart Saver Card will be presented upon completion.

COURSE DIRECTOR: Robert K. Orr, Jr., DO, Vice Chief, Department of Emergency Medicine, St. Lawrence Hospital, Lansing

PRESIDING: Doctor Orr

Computers in Medicine: Advanced

PRESENTED BY: Department of Medical Education, Oakwood Hospital, Dearborn

This course is intended for the physician with some expertise in basic PC use who wishes to learn more advanced techniques and applications. The course will be held in the computer classroom of the Oakwood Health Services Corporation, approximately one mile from The Dearborn Inn, allowing a demonstration and hands-on practice with differential diagnosis programs, literature searching and retrieval programs and concepts of networks and electronic mail. Laptop technology will be demonstrated and physicians will learn to use one model of a paperless medical record. Please plan to arrive 30 minutes early, transportation will be provided.

COURSE DIRECTOR: Nicholas J. Lekas, MD, FACP, Director, Internal Medicine Residency and Department of Medical Education, Oakwood Hospital, Dearborn

PRESIDING: Doctor Lekas

Dermatological Diagnosis and Therapy

PRESENTED BY: Michigan Dermatological Society

This course will instruct and review for primary care, consulting physicians and dermatologists both time-honored and new therapeutic modalities. The following concepts will be reviewed: clinical diagnosis, assessment and treatment of cutaneous vascular disease, recognition of the cutaneous signs of internal disease, and a review of the pathobiology of flushing, blushing and rosacea with emphasis on physiological and pharmacological mechanisms.

COURSE DIRECTOR: L. Boyd Savoy, MD, Chief, Dermatology Service, VA Hospital, Allen Park

PRESIDING: Doctor Savoy

Inflammatory Bowel Disease

PRESENTED BY: Ferguson-Blodgett Hospital, Grand Rapids

The purpose of this course will be to update the primary care physician and specialty physician involved in the care of patients with inflammatory bowel disease regarding new methods of medical management and surgical intervention. Emphasis will be placed on the newer pharmaceuticals available for inflammatory bowel disease and refinements in surgical indications and techniques. This course is supported in part by a special bequest from the estate of Elizabeth T. Sladek.

COURSE DIRECTOR: Anthony Senagore, MD, MS, Director of Research, Ferguson-Blodgett Hospital, Grand Rapids

PRESIDING: Doctor Senagore

MICHIGAN STATE MEDICAL SOCIETY 1866

Friday Afternoon, Nov 4

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half hour break



Neurological Diseases in the Elderly

PRESENTED BY: Departments of Neurosurgery and Neurology, Henry Ford Hospital, Detroit

This course will focus on the differential diagnosis and management of neurological diseases in the elderly, particularly Alzheimer's Disease, Parkinson's Disease, treatable dementias and treatable causes of gait disturbance such as hydrocephalus and spinal stenosis.

COURSE CO-DIRECTORS: Mark L. Rosenblum, MD, Chair, Department of Neurosurgery, Henry Ford Hospital, Detroit and K. M. A. Welch, MD, Chair, Department of Neurology, Henry Ford Hospital, Detroit

PRESIDING: Doctor Welch

Radiology Update

PRESENTED BY: Michigan Radiological Society

This course will provide an update for primary care physicians and will consist of four presentations including indications/utility of MRI in neurological and cardiovascular diseases, radiologic evaluation of thyroid nodules and sports related injuries.

COURSE DIRECTOR: A. P. Zingas, MD, FACR, Associate Professor, Department of Radiology, Wayne State University School of Medicine

PRESIDING: Doctor Zingas

Snoring and Obstructive Sleep Apnea

PRESENTED BY: Michigan Otolaryngological Society

Habitual snoring and sleep apnea syndrome are common problems in adults and children, both occurring due to increased upper airway resistance during sleep. When untreated, sleep disordered breathing can cause significant daytime symptoms including daytime somnolence, morning fatigue and headache, irritability and depression, enuresis in children and impotence in adults. Medical consequences include development of hypertension, cor pulmonale and an increased risk of myocardial infarction and stroke. The typical presentation of these patients will be stressed along with recommendations for initial evaluation. Cardiovascular morbidity and relationship with hypothyroidism and acromegaly will be reviewed. The role of polysomnography in the diagnosis will be presented and the various treatment options (conservative therapy, CPAP, dental appliances and surgery) will be reviewed. The variations that occur in the diagnosis, evaluation and management in children also will be presented.

COURSE DIRECTOR: Samuel A. Mickelson, MD, Program Committee Chair, Michigan Otolaryngological Society, Detroit

PRESIDING: Doctor Mickelson

Michigan State Medical Society 3 Category I CME

All half-day courses offer up to 3 hours of Category I CME Credit

Registration Form on inside back cover.

Friday Evening, Nov. 4

"Humor in Health Care"

Sponsored by Michigan State Medical Society



Mary Fisher
Health Care "EnterTrainer"

Friday Evening, November 4, 1994

The Dearborn Inn, Dearborn
6:00 p.m. Reception
6:30 p.m. Dinner
7:30 p.m. Program

Tickets: $45 per person
Program Only: $25 per person

Are you in need of fresh morale, improved communications and a renewed spirit of laughter...?

If so... Mary Fisher is the Enter"Trainer" who can provide all the above, delivered in a highly energized, animated and humorous performance style. She has the respected reputation as a dynamic and unique personality who provides solid content with hilarious examples,

Mary Fisher tells us that "we are all born with a sense of humor. It is our sixth sense. But like all of our senses if we do not use them we lose them. It is an inherent part of our humanness."

Michigan State Medical Society will sponsor this evening of "Humor in Health Care." A cash bar reception will begin at 6:00 p.m. Dinner will be served at 6:30 p.m. The program will begin at 7:30 p.m.

You may register for this event on the MSMS Registration Form on the inside back cover. Tickets are $45 per person. Program Only tickets are $25 per person.

Saturday Morning, Nov 4

All morning courses run from 8:30 a.m to 12 noon with a half hour break

All Saturday morning CME courses are co-sponsored by Michigan State Medical Society and Blue Cross Blue Shield of Michigan.

MSMS appreciates the support of BCBSM in bringing this educational opportunity to physicians of Michigan.

Blue Cross Blue Shield of Michigan

MICHIGAN STATE MEDICAL SOCIETY 1966

Basic Cardiac Life Support

PRESENTED BY: St. Lawrence Hospital and Michigan College of Emergency Physicians

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COURSE DIRECTOR: Robert K. Orr, Jr., DO, Vice Chief, Department of Emergency Medicine, St. Lawrence Hospital, Lansing

PRESIDING: Doctor Orr

Dying in America

PRESENTED BY: Department of Internal Medicine, Michigan State University College of Human Medicine, and MSMS Committee on Aging

This course will discuss many issues related to terminally ill patients, including historical perspectives of death and dying in America, the factors in health care that have altered our behavior, ethical considerations, compassionate care/pain management and the role of hospice. The objective is to broaden physicians' knowledge and help them identify resources to deal with their patients facing death. A discussion of specific cases with an ethicist and a hospice physician will be included.

COURSE CO-DIRECTORS: Kenneth A. Fisher, MD, Program Director, Department of Internal Medicine and James G. O'Brien, MD, Professor, Michigan State University College of Human Medicine

PRESIDING: Doctors Fisher and O'Brien

Family Violence: Concrete Steps for Safe Resolution

PRESENTED BY: Michigan Academy of Family Physicians and MSMS Task Force on Domestic Violence

Quality care of families in office, emergency room, nursing home and hospital requires knowledge, skills and resources to intervene in family violence. Primary care physicians need to learn to recognize, diagnose, and treat the signs, symptoms and chronic health problems of abusive relationships in their patients that cost the lives of women, the elderly and children yearly. This workshop sponsored by the Committee on Women and Minority Affairs of the Michigan Academy of Family Physicians will emphasize skill development to prepare practicing Michigan physicians to seek better outcomes for this complex socio-medical dilemma seen in all practices. Non-judgmental care with concrete steps for safe resolution using regional resources is the seminar focus.

COURSE DIRECTOR: Mary Elizabeth Roth, MD, Southfield, Michigan Academy of Family Physicians

PRESIDING: Thomas C. Payne, MD, MSMS Past President, Chair, MSMS Task Force on Domestic Violence

Saturday Morning, Nov 4

All morning courses run from 8:30 a.m to 12 noon with a half hour break

Hypertension Update

PRESENTED BY: Division of Nephrology, Henry Ford Hospital, Detroit

This course will provide an update on scientific and clinical advances in essential hypertension. Exciting recent developments in generic and cellular aspects of hypertension, as well as a review on JNCV and recent trials on hypertension in the elderly will be covered in a series of one-hour lectures with a panel discussion.

COURSE DIRECTOR: Susan Steigerwalt, MD, Acting Section Chief, Hypertension, Henry Ford Hospital, Detroit

PRESIDING: Doctor Steigerwalt

Promoting Physician Collegiality and Reducing Partnership Divorce

PRESENTED BY: Center for Professional Well-Being, Inc., Durham, North Carolina, and MSMS Task Force on Physician Well-Being

The financial and emotional cost of breaking up a professional partnership is high, but when communication breaks down and tension builds up, the partners may begin to consider "practice divorce." This presentation will review and discuss the characteristics associated with compatible partners, how to analyze, make good decisions and the reasons why we must devote more energy and resources to enhancing inter-physician relationships.

COURSE DIRECTOR: John-Henry Pfifferling, PhD, Director, Center for Professional Well-Being

PRESIDING: Doctor Pfifferling

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Hotel Reservations

The Dearborn Inn, Dearborn

MICHIGAN STATE MEDICAL SOCIETY ANNUAL SCIENTIFIC MEETING

November 2-6, 1994

Please complete and send to:

Attn: Reservations Department
The Dearborn Inn
20301 Oakwood Blvd.
Dearborn, MI 48124-4099

Our entire staff would like to take this opportunity to extend a warm welcome to you during your upcoming visit and thank you for requesting reservations at The Dearborn Inn, Dearborn. A special rate of $107 per room, single or double occupancy, has been arranged for MSMS on the nights of November 2 and 3, 1994. For the nights of November 4, 5 and 6, 1994, the "Marriott Two for Breakfast" package is available at $89.00 per room which includes breakfast for two in the Ten Eyck Room. All rooms are subject to a 6% sales tax and 7% occupancy tax (13% total).

Please Reserve Dearborn Inn Accommodations For:
(Please Print or Type)

Name: _____

Sharing With: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone No: _____

Signature: _____

___ Room will be shared by third adult; (over 18 years of age) If so, an additional charge of $10.00 will prevail.

Third Person: _____

Arrival Date: _____ Arrival Time: _____

NUMBER OF NIGHTS: _____
(Check-In 4:00 p.m., Check-Out 12:00 p.m.)

Circle preferred accommodations:

Room Type
- Single - 1 Bed
- Double - 2 Beds

Smoking Preference
- Non-smoking
- Smoking

Reservations must be received by October 14, 1994 to guarantee convention rates.

To confirm reservations use your American Express, Diners Club, Visa, MasterCard, or make check or money order payable to The Dearborn Inn for one night stay ($120.91). DO NOT SEND CURRENCY. Otherwise all rooms will be held until 6:00 p.m. on the day of arrival.

_____
CARD NUMBER:

_____
EXPIRATION DATE

(Refundable if reservation is cancelled by 6:00 p.m. on day of arrival.)

Make reservations prior to October 3, 1994, and be eligible to win one night's lodging and dinner for two in the Ten Eyck Room.



Telephone: 313-271-2700
Fax: 313-271-6682

Exhibitor Information

And Special Events

"Humor in Health Care"

Sponsored by Michigan State Medical Society

Friday Evening



Mary Fisher
Health Care "EnterTrainer"

Friday Evening, November 4, 1994

The Dearborn Inn, Dearborn
6:00 p.m. Reception
6:30 p.m. Dinner
7:30 p.m. Program

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Saturday, November 5, 1994

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MSMS appreciates the support of BCBSM in bringing this educational opportunity to physicians of Michigan.

Blue Cross Blue Shield of Michigan

MICHIGAN STATE MEDICAL SOCIETY 1849 1968

8:30 a.m. to 12:00 Noon

Concurrent Scientific Courses

- Basic Cardiac Life Support
  (Limited Attendance Workshop)
- Dying in America
- Family Violence: Concrete Steps for Safe Resolution
- Hypertension Update
- Promoting Physician Collegiality and Reducing Partnership Divorce

12:00 Noon

Committee on Concerns of Women Physicians Luncheon

1994 Annual Scientific Meeting Planning Committee

Tama D. Abel, MD, Ann Arbor, Chair
Rudi Ansbacher, MD, Ann Arbor
Deloris Berrien-Jones, MD, Taylor
Frederick W. Bryant, MD, Troy
Miriam S. Daly, MD, Albion
Dorothy Kahkonen, MD, Detroit
Nicholas J. Lekas, MD, Dearborn
David J. Millard, MD, Paw Paw
Kamran S. Moghissi, MD, Warren
Greg Ott, ATC, Ann Arbor
Anthony Senagore, MD, Grand Rapids
Atul C. Shah, MD, Troy
Evangeline J. Spindler, MD, Ann Arbor
Joan C. Stryker, MD, Detroit

Index to Exhibitors

MSMS Annual Scientific Meeting, November 3, 4 & 5, 1994



Booth

104 Metro Rehab
106 PICOM
108 Bennethum Computer Systems
110 Metpath of Michigan
112 Smith Barney
114 PAC - COMP, Inc.
210 Cellular One *
211 Randolf Medical Group *
212 Comerica Bank *
213 Delta Dental Plan of Michigan *
214 I.C. System, Inc. *
215 Select Communications *
216 Physicians Leasing Company, Inc. *
217 Physicians Leasing Company, Inc. *
218 Stratton, Cheeseman & Walsh, Inc./Michigan Physicians Mutual Liability Company *
219 Physician Service Group, Inc. (MSMS Subsidiary)
220 MSMS
221 Computers Diversified, Inc. *
300 Genius Solutions, Inc.
301 SmithKline Beecham Pharmaceuticals
302 McNeil Pharmaceutical
303 Beaumont Reference Laboratory
304 US Army Medical Department
305 Physician Recovery Network
400 Metrostaff Home Health Care
401 Universal Standard Medical Laboratories, Inc.
402 PCS Health Systems
403 Bock Pharmaceutical Company
404 Civitec Healthcare Computers
405 War Memorial Hospital
500 Searle Pharmaceuticals
501 Physicians Practice Management Corporation
502 US Air Force Health Professions Recruiting
503 Zeneca Pharmaceuticals
504 Medical Systems Management, Inc.
505 General Scientific Corporation
600 Star Insurance Company
601 Wyeth - Ayerst Laboratories
602 Michigan Beef Industry Commission
603 Professional Asset Management, Inc.
604 Cyber Systems
605 Astra/Merck of Merck & Company, Inc.
607 Ross Products Division
704 Department of Social Services/Disability Determination Service
706 Blue Cross Blue Shield of Michigan *
708 Blue Cross Blue Shield of Michigan *
710 Blue Cross Blue Shield of Michigan *
712 Parke - Davis
716 W.A. Foote Memorial Hospital
718 Dearborn Regional Clinical Laboratories

* *MSMS Endorsed Services*

Cooperating Organizations

November 3, 4 & 5, 1994, The Dearborn Inn, Dearborn



Specialty Societies

American Russian Medical Xchange
Center for Professional Well-Being, Durham, North Carolina
Michigan Academy of Family Physicians
Michigan Academy of Physical Medicine and Rehabilitation
Michigan Academy of Plastic Surgery
Michigan Allergy Society
Michigan College of Emergency Physicians
Michigan Dermatological Society
Michigan Occupational and Environmental Medicine Association
Michigan Otolaryngological Society
Michigan Psychiatric Society
Michigan Radiological Society
Michigan Society of Colon and Rectal Surgeons
Michigan Society of Thoracic and Cardiovascular Surgeons
MSMS Committee on Aging
MSMS Task Force on Domestic Violence
MSMS Task Force on Physician Well-Being

Medical Schools

Michigan State University College of Human Medicine
- Department of Internal Medicine

University of Michigan Medical Center
- Department of Surgery
- Section of Neurosurgery

University of Michigan Medical School
- Department of Family Practice
- Department of Internal Medicine
- Department of Orthopaedic Surgery
- Department of Pediatrics
- Department of Psychiatry
- MedSport
- Section of Neurosurgery

Wayne State University School of Medicine
- Department of Internal Medicine
- Department of Neurological Surgery
- Department of Obstetrics and Gynecology
- Department of Pediatrics
- Urologic Oncology Program

Hospitals

Ferguson-Blodgett Hospital, Grand Rapids
Henry Ford Hospital, Detroit
- Department of General Surgery
- Department of Hypertension
- Department of Internal Medicine and Endocrinology
- Department of Nephrology
- Department of Neurology
- Department of Neurosurgery
- Department of Plastic and Reconstructive Surgery

Hutzel Hospital, Detroit
- Division of Reproductive Genetics

Oakwood Hospital
- Department of Medical Education

St. Joseph Mercy Hospital
St. Lawrence Hospital, Lansing

MICHIGAN STATE MEDICAL SOCIETY 1866

Registration Form

MSMS Annual Scientific Meeting, November 3, 4 & 5, 1994, Dearborn Inn, Dearborn

Please print

Name _____
(first) (initial) (last) (title)

Street _____

City _____ State _____ Zip _____ County _____

Phone ( ) _____ Fax ( ) _____ Previous attendee? Yes ___ No ___

MSMS Member: Yes ___ No ___ Resident ___ Specialty _____ Other _____

CHOOSING YOUR COURSES: Please indicate a ***first*** *and* ***second*** choice. **Limited Attendance Workshops** are smaller, hands-on courses.

Thursday Morning, November 3

____ **"Early Bird" Plenary Session**
"Minimally Invasive Surgical Techniques: Future, Fantasies and Failure"
(7:15 - 8:15 a.m., No Course Fee)

(8:30 a.m. to Noon, including break)

____ Allergy and Immunology Update
____ Ductal Carcinoma In Situ of the Breast
____ Early Assessment and Treatment of Cerebrovascular Disorders
____ Pediatric Spine
____ The Performing Artist as an Athlete in Russian and American Society
____ Update in Office Lipid Management

Thursday Afternoon, November 3

(1:30 p.m. to 5 p.m., including break)

____ Adult and Pediatric Asthma
____ Care of the Depressed Patient in Primary Care
____ Low Back Pain
____ Lung Cancer Management
____ Occupational and Environmental Medicine
____ Pediatric Endocrinology

The MSMS Committee on CME Programming, an organization accredited by the MSMS Committee on CME Accreditation, designates that this activity meets the criteria for a maximum of 17 credit hours in Category I toward the requirements for Michigan relicensure and of the Physicians Recognition Award of the AMA, provided it is completed as designed.

___ ***Please contact me regarding special accommodations.***

Friday Morning, November 4

___ **"Early Bird" Plenary Session**
"Genetics and Pregnancy
(7:15 - 8:15 a.m., No Course Fee)

(8:30 a.m. to Noon, including break)

___ Clinical Nephrology Cases for the Internist/Generalist
___ Computers in Medicine: Introduction *(Limited Attendance Workshop)*
___ Cosmetic Dermatology
___ Lumbar Radiculopathy Diagnosis and Non-Operative Treatment
___ Menopause Evaluation and Management
___ Prostate Cancer: Counseling About Therapy Options
___ Shoulder and Elbow Injuries in the Throwing Athlete

Friday Afternoon, November 4

(1:30 p.m. to 5 p.m., including break)

___ Basic Cardiac Life Support *(Limited Attendance Workshop)*
___ Computers in Medicine: Advanced *(Limited Attendance Workshop)*
___ Dermatological Diagnosis and Therapy
___ Inflammatory Bowel Disease
___ Neurological Diseases in the Elderly
___ Radiology Update
___ Snoring and Obstructive Sleep Apnea

Saturday Morning, November 5

(8:30 a.m. to Noon, including break)

___ Basic Cardiac Life Support *(Limited Attendance Workshop)*
___ Dying in America
___ Family Violence: Concrete Steps for Safe Resolution
___ Hypertension Update
___ Promoting Physician Collegiality and Reducing Partnership Divorce (Not approved for Category I CME)

Adopt-a-Doctor Discount*

Take $20 off your registration total if you bring a physician who has never attended (or if you have never attended) an MSMS Annual Scientific Meeting.

Your "adopted doctor" is:

_____

Your Payment

MSMS Members: $55 per course
MSMS Members with "retired status": $25 per course
Residents: $25 per course
Non-Members: $75 per course
Nurses: $55 per course
Students: No Course Fee
Lunch: $15 per day

***NOTE:** Each attendee must pay a $20 one-time registration fee. Includes registration materials, handouts, coffee, plenaries, etc.*

Multiply total number of half-day courses by appropriate fee:

One-time Registration Fee**	$ 20.00
____ x $55 (members)	+ $ ____
____ x $25 (retired & residents)	+ $ ____
____ x $0 (students)	+ $ ____
____ x $75 (non-members)	+ $ ____
____ x $55 (nurses)	+ $ ____
____ x $15 (Thursday lunch)	+ $ ____
____ x $15 (Friday lunch)	+ $ ____
____ x $20 (Saturday Women Physicians lunch)	+ $ ____
Adopt-a-Doctor Discount* ($20)	– $ ____
Special Event Tickets	
____ **"Humor in Health Care"** Reception, Dinner & Program	$45 each + $ ____
____ Program Only	$25 each + $ ____
	TOTAL = $ ____

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VOL. 93, NO. 11

Award-Winning Journal of the Michigan State Medical Society

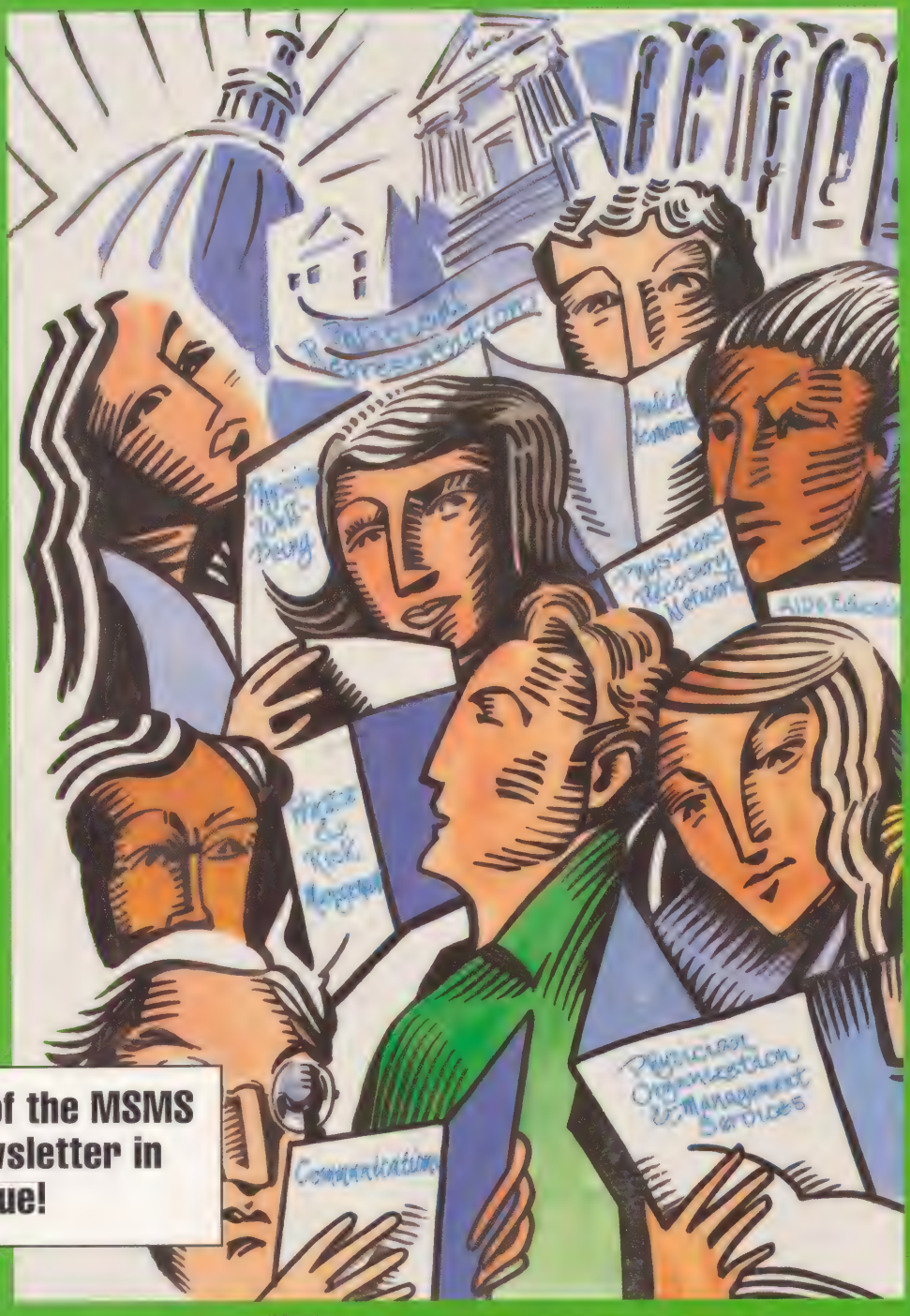
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MICHIGAN MEDICINE

NOVEMBER 1994 VOLUME 93, NO.11

Award-Winning Journal of the Michigan State Medical Society

Cover Story

Membership continues as a top MSMS priority, reports Louis R. Zako, MD, chair of the MSMS Committee on Membership Recruitment and Retention in this month's cover story. Included in the cover story are a number of articles on the many programs and services MSMS provides to its membership. Also included are two key MSMS physician networks which provide physicians opportunities for grassroots involvement. Rounding out the cover story is a handy reference guide to "Whom to Call at MSMS."

Page 26



FEATURES

12

Medicine People

A compelling story about Michael R. Harbut, MD, MPH, a Southfield physician, and his experience as a volunteer physician in Rwanda.

By Ralph D. Ward

20

Efforts to assist impaired physicians move into high gear

Attempts to help physicians with substance abuse problems will move into high gear now that a new legal framework for support is coming together.

By Ralph D. Ward

24

Outcomes Measurement - Part II

A profile of one organization's exploration of quality management and improvement.

By Julie L. Lester, MHSA

38

Board of Medicine Actions

DEPARTMENTS

7 MSMS on the Move

8 Letters

17 Legal Briefs

23 County Spotlight

40 New Members

47 Obituaries

48 Meetings

51 Category I Courses

58 Classifieds

63 Advertising Index

64 President's Page

In next month's issue:

Why health care reform failed

Cover illustration by: *Robert L. Brent*

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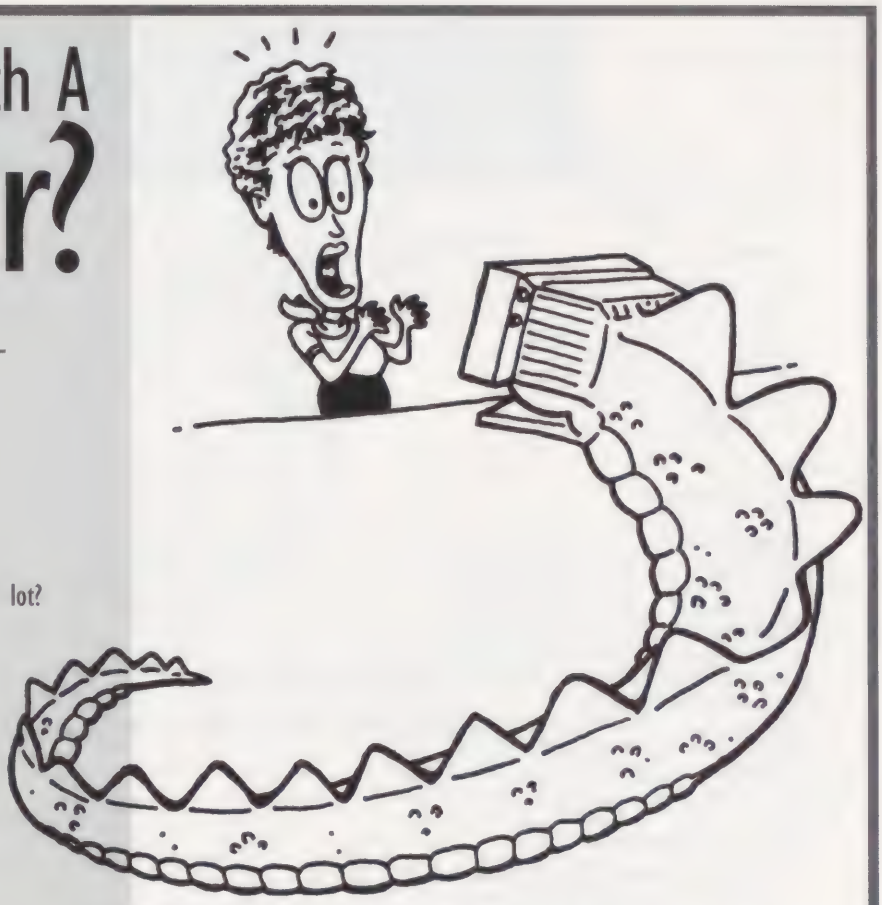
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MSMS ON THE MOVE

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MSMS receives award for domestic violence work



Thomas C. Payne MD, (left) accepts MSMS award from Gov. Engler (right).

MSMS received an award October 6 for its work to increase physician and public awareness of domestic violence. MSMS received high praise for the development of a reference guide to domestic abuse called, "Reach Out: Intervening in Partner Abuse." Governor John Engler presented a gold plaque to MSMS Past President Thomas C. Payne, MD, who accepted the award on behalf of MSMS during a Detroit-area summit sponsored by the Michigan Department of Social Services Domestic Violence Prevention and Treatment Board. More than 200 people attended a day-long event.

MSMS wants to hear from you on POs and PHOs

MSMS is compiling a list of all physician organizations (POs) and physician-hospital organizations (PHOs) in Michigan. MSMS wants to use the information to network with doctors on their experiences in creating these groups. If you're involved in a PO, PHO or similar managed-care group, or simply know about such groups, please contact Tom Plasman at MSMS at 517-336-5724.

Get started in "Making the Rounds"

"Making the Rounds," a program developed by MSMS, the Michigan Physicians Mutual Liability Company (MPMLC) and Michigan county medical societies, is coming to a hospital near you. In fact, a phone call to Tom Plasman at MSMS at 517-336-5724 or to Tom Wolff at 517-336-5740, can bring this free program to your hospital medical staff. Through "Making the Rounds," Michigan doctors are getting answers during their business day in the hospital to questions on how organized medicine can help them in their practices. Several hospital medical staffs around Michigan already have taken part. Call to schedule "Making the Rounds" in your hospital to get answers to your questions on topics from practice management to health system reform!

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517-337-1351.

LETTERS

Article on Detroit-Macomb Hospital Center Bylaws Dispute Draws Fire

Editor's Note: Michigan Medicine recently received two letters regarding an article on the Detroit-Macomb Hospital Center bylaws dispute which appeared in the September issue. (See "Macomb Bylaws Dispute 'Offensive' to Staff," Vol. 93, No. 9, page 33). The letters are reprinted here verbatim. Following the letters is a response by Peter A. Duhamel, MD, vice-chair, MSMS Board of Directors, who was quoted extensively in the article.

Article inaccurate

I read with interest the article in the September, 1994 issue of *Michigan Medicine* on the Macomb Hospital Center bylaws dispute between the staff and the Board of Directors written by Ralph D. Ward.

There were several glaring inaccuracies and I wish to correct them. First of all, Peter Duhamel, MD, is *not* affiliated with the staff. He is a district director for MSMS for District 15 which includes Macomb Hospital Center.

On the second page, the article states "...a majority of the Medical Executive Committee named by the Board. The new bylaws went so far as to overturn the recent elections of the medical staff officers." As a matter of fact, the election was overturned by the Board of Directors. This action was not contrary to the new bylaws as the article states. The new bylaws now call for the chiefs of the various services (Medicine, Surgery, Ob-Gyn, Family Practice and Special Services) to be appointed by the Board of Directors and the remainder of the Executive Committee are to be elected by the medical staff. This will mean that five officers are elected and five will be appointed.

Also on the second page, column two, the articles states, "A legal fund which the staff has paid into over the years has been impounded by the hospital administration, forcing the doctors to proceed with out-of-pocket legal contributions." As a matter of fact, we have no "legal fund," only the general medical staff fund which has been used over the years to pay off staff expenses. The administration has not imposed any restriction on our use of this fund and the legal expenses have been paid out of this fund.

I would appreciate it if you would correct these inaccuracies and in the future I believe such information should be more carefully checked with the appropriate medical staff officers.

Charles M. Ebner, MD
Chief of Staff
Macomb Hospital Center

A puddle of prevarications

As a member of MSMS since 1956, I have always appreciated receiving its outstanding monthly publication. Therefore, I was saddened and stunned to read an article in the September, 1994 issue which consisted predominantly of falsehoods. More appropriately, it belonged in the *National Enquirer* rather than *Michigan Medicine.*

The article involved a dispute over medical staff bylaws at Macomb Hospital Center and was written by Ralph Ward with a liberal sprinkling of quotations from Peter Duhamel, MD.

In the first paragraph, it is written, the "bylaws dispute has been raging at Detroit's Macomb Hospital Center..." Macomb Hospital Center happens to be located in Warren. While this is not terribly substantive, it manifests the degree of careful research which went into writing the article. From that erroneous beginning, it went steadily downhill.

In the next paragraph, it states that, "Peter Duhamel, MD, a general surgeon in solo practice who is affiliated with the hospital..." Peter Duhamel is not now, and never has been, affiliated with the hospital.

Duhamel is quoted as saying of the bylaws, "Power would have been centered in the Board, with the hospital naming the chiefs of departments, and a majority of the Medical Executive Committee named by the Board." Another falsehood! The majority of the members will be elected by the medical staff.

Doctor Duhamel, giving his opinion that the Board action is a JCAHO violation states, "If the

Joint Commission chose to become involved, they could threaten the accreditation of the hospital, and this is not unlikely; it's happened to other hospitals." Name one!

Likewise, without any evidence of proof, the article states, "The AMA will develop an amicus curiae brief in support of the Macomb staff..." The statement is merely another modicum in the morass of mendacity. As of this writing, the AMA has not agreed to file an amicus curiae brief and, thus, obviously had not done so at the time the article was written.

In attempting to support his opinion, and that is all it is, that medical staff bylaws constitute a contract, Duhamel states, "But there has been no test case in Michigan yet." Another falsehood. There is significant case law in Michigan to the contrary. Doctor Duhamel is quoted as saying of the dispute, "There have been attempts at resolution, but the Administration isn't conciliatory. They don't want to give anything back." When will this litany of lies cease? Negotiations are in progress and the Board has already agreed to 18 recommendations and desires an amicable resolution. Further, given that Doctor Duhamel is not a member of the medical staff or the board, what would he know about negotiations other than hearsay?

Finally, the article states, "A legal fund which the staff has paid into over the years has been impounded by the hospital administration, forcing the doctors to proceed with out of pocket legal contributions." This is not only a malicious canard, it is slander! There never has been a "legal fund." Your "legal fund" is the medical staff fund which comes from annual medical staff dues, the amount of which is determined by the medical staff. Administration has not impounded or, in any way, touched it.

If integrity and fundamental decency are to find any consolation in this puddle of prevarications, they can find it only in the knowledge that Ward never sought to obtain the Board's position regarding this issue. Thus, the article can be dismissed as the one-sided editorial of two men who represent neither party to the issue.

Whether the bulk and core of this article are the result of gross ignorance or fetid and flagrant falsification, is known only by those who are responsible for it. Whichever, they should be embarrassed and ashamed!

Jack Ryan, MD, FACPE
President and CEO
Detroit-Macomb Hospital Corp.

Doctor Duhamel Responds

In reply to the two letters from officials at Detroit-Macomb Hospital regarding the article quoting me in the September, 1994 issue of *Michigan Medicine*, I must simply answer that there were indeed *some* misquotes. Mr. Ralph D. Ward, a Lansing freelance writer, conducted a telephone interview with me, and I was not offered the opportunity to re-read the story before it was published. I promise that will not happen ever again!

The misquotes are as follows:

"Detroit's Macomb Hospital Center" in the first paragraph should have read "Detroit-Macomb Hospital Center."

In the second paragraph I am described as "affiliated with the hospital"; I never told Mr. Ward that, he probably just assumed that I was affiliated.

In the third paragraph on the second page, "If the Joint Commission chose to become involved, they could threaten the accreditation of the hospital, and this is not unlikely; it's happened to other hospitals." What has happened is that other hospital administrations have backed down under the threat of JCAHO involvement, e.g. Eisenhower Medical Center, Palm Springs, Calif. I did not state that any hospital had actually suffered loss of accreditation due to such action by its Board, but the threat *is* very much there.

In the fourth paragraph on the second page, I was misquoted when the medical staff fund was called "A legal fund." I can only say that when I was invited to attend the Macomb Hospital Center's medical staff meeting on April 11, 1994, I was told by members of the medical staff that the Administration was not letting them use their staff funds for the purposes of contesting the actions of the Board. Perhaps that action of the Administration was misunderstood.

In the fifth paragraph on the second page, "The AMA will develop an amicus curiae brief in support of the medical staff", both the AMA and MSMS routinely develop and submit amicus curiae briefs on such matters as these, when the legal action has progressed to the Appellate Court level, in which it is likely to set a precedent.

I will stand by my quote at the top of the second page: "...and a majority of the Medical Executive Committee named by the Board." As Doctor Ebner states in his letter, "This will mean that five officers are elected and five will be

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LETTERS

appointed." He neglects to state that the eleventh member of the Medical Executive Committee is: "President of the Hospital, ex officio, with vote." If that does not constitute a six-to-five majority, then I don't know how to count! Also, Doctor Ebner fails to state that he, the vice-chief of staff, and the secretary/treasurer have all been appointed to their positions by the Board. So it would appear that the only members of the Medical Executive Committee elected by the medical staff are the two at-large members, if, in fact, they have not also been replaced.

This substitution for duly elected officers of the medical staff by administration-named individuals "was even contrary to the new set of bylaws the administration had just passed." The new bylaws do state: "The election of officers of the staff is official only after ratification by the Board of Directors of Detroit-Macomb Hospital Corporation." There is no statement in the medical staff bylaws allowing the Board to name new officers.

A quick note to bring all of you readers up to date on the current legal status of this controversy. The judge in Macomb County Circuit Court heard arguments on October 3, despite the hospital attorney's request for adjournment. He has set a deadline for supplemental briefs to be filed on October 14, to be followed by a final ruling by him after receipt of the briefs. You will be informed regarding the resolution of this case. ■

Peter A. Duhamel, MD
Vice-Chair, Board of Directors
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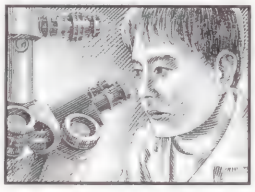
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THE NEXT GENERATION OF HOPE

Michael Harbut, MD

Rwanda Diary: "I knew I could help people to live"

By Ralph D. Ward

Black, barren, volcanic rock, no water, no greenery, covered with filth. The night sky is lit red from the fires of active volcanoes. On the ground are people in the hundred thousands, moaning, ill. Thousands more are already dead, their corpses unburied, everywhere underfoot.

"It was like hell," says Michael Harbut, MD. His tone suggests something beyond casual use of the term, and more of the precise tone of a careful, if deeply affected, observer. Although Doctor Harbut's six weeks of volunteer work in Goma, Zaire this summer was a season in hell, it was a hell that he did much to alleviate. Doctor Harbut, who specializes in occupational medicine at Providence Hospital, went to Africa through the International Rescue Committee (IRC), an aid group with which he had worked previously. "In the '80s, IRC set up a program to help international refugees in Poland, after the military crackdown, and I spent five years going back and forth to help." This involvement passed, Doctor Harbut thought he would be able to devote time to his private practice. But last July, he and his sons saw a television program on the enormous refugee problems caused by the Rwandan civil war. Refugees by the millions were streaming away from the slaughter in Rwanda, most ending up at ill-equipped, unhygienic refugee camps across the border in Zaire. Seeing the medical disaster in the making, Doctor Harbut was deeply moved. "I just knew that if I went, I could help people to live." Contacting the IRC, he was told that the United Nations had asked the group to take over Rwandan refugee relief, and Doctor Harbut was asked to assist. A few days later, he was on a plane to Africa.

Doctor Harbut found himself near Goma, Zaire, at the Kirbumba Refugee Camp. This massive camp, with over 300,000 refugees, was divided into sections to be managed by different national relief groups, French, Belgians, Dutch and Israelis among the teams. With only five physicians and 38 support staff, Doctor Harbut's tiny US band found itself coping with the health needs of 30,000 refugees, many malnourished or wounded. Worse of all, epidemics were starting to sweep the camp. "The Centers for Disease Control declared epidemics of cholera, malaria, meningitis, measles and dysentery. Trichoma, the disease that causes River Blindness, was also rampant. And there was something like a 38 percent prevalence of HIV."

Nature itself seemed to conspire against saving lives at Goma. The Kibumba camp was at the foot of an active volcano, the red fires of

which lit up the night sky. The volcano has also formed the local topography of hard, black volcanic rock. "There was no fresh water, and no way to dig latrines" with a result that water and waste disposal sources were few, and easily cross contaminated. On top of this, the camp was only a few hundred yards from the Rwandan border, where the civil war still raged. "There were firefights going on all night long. We'd look out of our tents and see tracers." The war had spilled over into the camps too, with murders and assaults common.

A human crisis

The sum of all these factors, which greeted Doctor Harbut on his arrival, was a human crisis.

How does a physician cope with such massive, seemingly uncontrollable, devastation? If he's a public health practitioner, as Doctor Harbut is, he and his team start by doing what they know best. "We had a uniquely American approach," he recalls. "We subdivided our end of the camp, and instituted a home health care approach." All the shelters were given addresses, those within were registered, and a treatment regimen begun. "We actually issued all the residents their own health security cards," recalls Doctor Harbut. "We did in Goma what the president couldn't do here."

Residents were treated on site, rather than forcing them to come to a central infirmary. "You can't offer hospital treatment to a woman who's caring for four kids. While you're treating her, who's going to care for the kids?" Such shelters as existed were thrown together from grass and straw. "We wanted plastic sheet-



Continued on next page

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ing to make better shelters," recalls Doctor Harbut, "but the U.N. didn't want to supply any. They wanted to encourage the refugees to go elsewhere." The medical crew "liberated" some plastic, though, and started the residents on their way to more habitable housing.

The crew also worked on more direct techniques to improve the camp's living situation, building latrines and treating as many people as possible. "We helped establish a comprehensive curative and public health program," says Doctor Harbut, and the effort paid off. When the team arrived, the daily death rate was 50 to 60 per 10 thousand. Six weeks later, the camp's cumulative daily rate was 4.3 deaths per day, and in the US sector it dropped to 1.9 per day.

Success at a price

The successes came at a price for the medical crew. Although the US team was able to take over an abandoned house as a headquarters, "Goma itself is no paradise. There is no water, no civil authority, and the Army is not paid, so they carjack to support themselves." Between the Zairian Army and the various Rwandan factions, it was not safe to venture into the camps at night. "I concentrated on getting me and my crew out of the camps safely, and on not getting sick myself."

There is another price paid by the medical staff who volunteered for Rwanda: the psychic shock of massive human suffering, of the cheap price a human life can bring. "I don't know what it's done to me yet," reflects Doctor Harbut. "I definitely am different, but I don't know how yet. I've worked with refugee movements before, and among inhuman treatment, but the overwhelming magnitude of the dying was something that should not be allowed to happen."

The effect on a physician, who is saving many lives while at the same time is powerless to save many more, is also dramatic. "It was the most gratifying experience of my life," says Doctor Harbut proudly. "It focuses you on the reasons you went to medical school. We didn't care about lawyers, insurance companies, the profit motive, hospital administrators, or malpractice suits, not anything except saving the life of the person lying on the ground in front of us." ■

Ralph Ward is a Lansing-based freelance writer.

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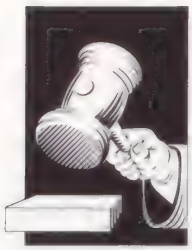
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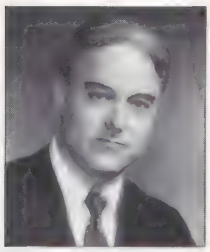
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MSMS LEGAL BRIEFS



Editor's Note: If you have a legal question you would like answered by MSMS legal counsel in this column, jot it down and send it to Betty McNerney, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950.

New antitrust guidelines provide safety zones for physicians

By Richard D. Weber

On September 27, 1994, the Department of Justice and the Federal Trade Commission issued a new set of antitrust guidelines for health care. These guidelines supersede the September 1993 guidelines. They include nine separate statements which address: (1) mergers among hospitals; (2) hospital joint ventures involving high-technology or other expensive health care equipment; (3) hospital joint ventures involving specialized clinical or other expensive health care services; (4) providers' collective provision of non-fee-related information to purchasers of health care services; (5) providers' collective provision of fee-related information to purchasers of health care services; (6) provider participation in exchanges of price and cost information; (7) joint purchasing arrangements among health care providers; (8) physician network joint ventures; and (9) analytical principles relating to multi-provider networks.

Summary of guidelines

The following sets forth a summary of the new antitrust guidelines most applicable to physicians:

Providers' Collective Provision of Non-Fee-Related Information and Fee-Related Information to Purchasers of Health Care Services. The 1993 statement primarily related to non-fee-related information. The agencies have now issued two separate statements addressing non-fee-related information and fee-related information separately. *Other than extending its coverage to all providers, the statement that covers the provision of non-fee-related information is essentially unchanged.* It includes an antitrust safety zone that allows providers to collectively provide data relating to the mode, quality and efficiency of treatment.

The statement covering fee-related information is new. It allows providers to collectively provide current and historical fee-related information to purchasers, and gives guidance on the analysis the agencies use to evaluate the collective provision of information outside the safety zone.

Provider Participation in Exchanges of Price and Cost Information. *This statement expands the September 1993 statement on exchanges of price and cost information to include any group of providers, not just hospitals.* It provides an antitrust safety zone for surveys managed by third parties that consist of aggregated, historical data, and provides guidance on the rule of reason analysis the agencies use to evaluate exchanges of price and cost information that fall outside the safety zone.

Physician Network Joint Ventures. *This probably represents the most significant pronouncement relative to physicians.* The September 1993 statement established an antitrust safety zone for joint ventures comprising 20 per cent or less of the physicians in each physician specialty with active hospital staff privileges who practice in the relevant geographic market and share substantial financial risk. The antitrust safety zone applied equally to "exclusive" and "non-exclusive" physician network joint ventures.

A non-exclusive venture does not restrict members from contracting with other ventures. This allows for a greater number of competitors in a market. For this reason, the Department of Justice/Federal Trade Commission have added a safety zone that is applicable to non-exclusive

Continued on next page

Continued from previous page

physician network joint ventures comprising 30 percent or less of the physicians in each physician specialty with active staff privileges who practice in the relevant geographic market and share substantial financial risk. The governmental agencies have set forth factual criteria of non-exclusivity that will be taken into account in determining whether a physician network joint venture is truly non-exclusive.

The 20 percent safety zone applicable to exclusive joint ventures is essentially unchanged, except with respect to its application where there are fewer than five physicians in a particular specialty in the relevant market. A physician joint venture otherwise qualifying for the safety zone may still include one physician from such a specialty, but in order to remain within the safety zone, that physician must be included on a non-exclusive basis.

Risk sharing clarified

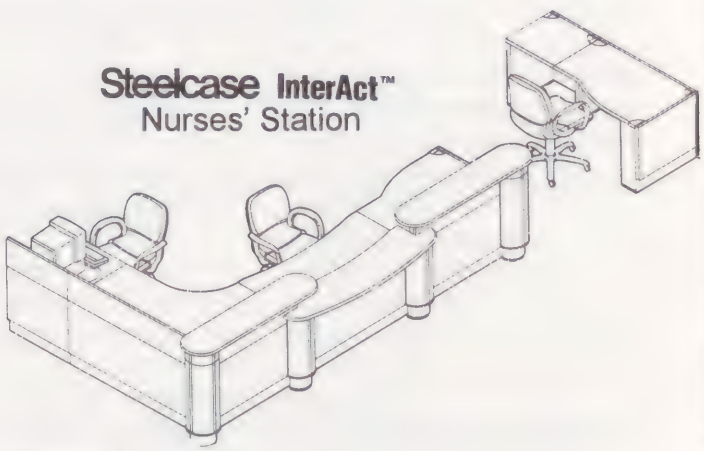
The new guidelines further clarify the key element of risk-sharing. The two examples of risk-sharing, capitation and withholding compensation contingent on achieving cost-containment goals, are not meant to foreclose the possibility that risk can be shared in other ways. The statement also describes the agencies' analyses of physician network joint ventures outside the safety zone, and includes two additional examples of non-exclusive joint ventures that are tailored to rural areas.

These antitrust guidelines provide "safety zones," which describe the circumstances under which the Justice Department/FTC will not challenge conduct under the antitrust laws. The inclusion of certain conduct within the safety zones does not mean that conduct falling outside the safety zones is likely to be challenged by the agencies. The statements further reassert the commitment to respond to requests for advisory opinions no later than 90 days after all necessary information is received. There is also a commitment to continue to issue additional guidelines as may be warranted. ■

Mr. Weber is an attorney with Kerr, Russell & Weber, Detroit, and serves as legal counsel to MSMS.

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The Michigan Health Care Education and Research Foundation (MHCERF) is pleased to present, the Physician Investigator Research Award Program (PIRAP). The program will provide support of $10,000 to explore the merits of clinical, medical or health services research, performed by physicians.

INTRODUCTION

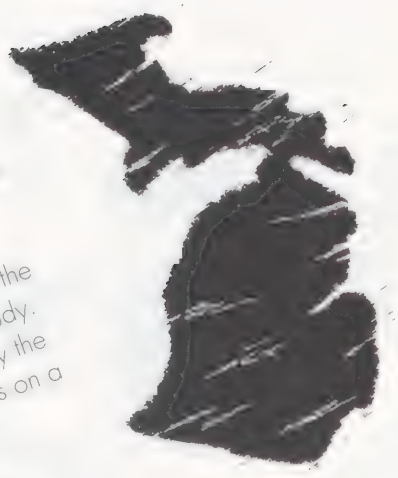
The Michigan Health Care Education and Research Foundation is the philanthropic affiliate of Blue Cross and Blue Shield of Michigan. Incorporated in 1980 as a non-profit 501 (c)(3) organization, MHCERF has approximately $1 million available for health and medical care research, annually.

PROGRAM AIM

The Physician Investigator Research Award Program is for physicians who have an interest in health and medical care research. The purpose of this program is to provide "seed" money to physicians to explore the merits of a potential research idea. The proposed project might be in the form of a pilot study, feasibility study or a small research study. Grants of $10,000 are available for research related to the quality of care, cost and access to health and medical care, including bio-medical, clinical and/or health services research.

APPLICATION PROCESS

Applications for the Physician Investigator Research Award Program are accepted throughout the year. In addition to the application, requests for funding should include a brief prospectus of three to five pages delineating the project, nature of the research question to be addressed and the proposed approach of the study. Requests will be reviewed by the MHCERF board of directors on a quarterly basis.



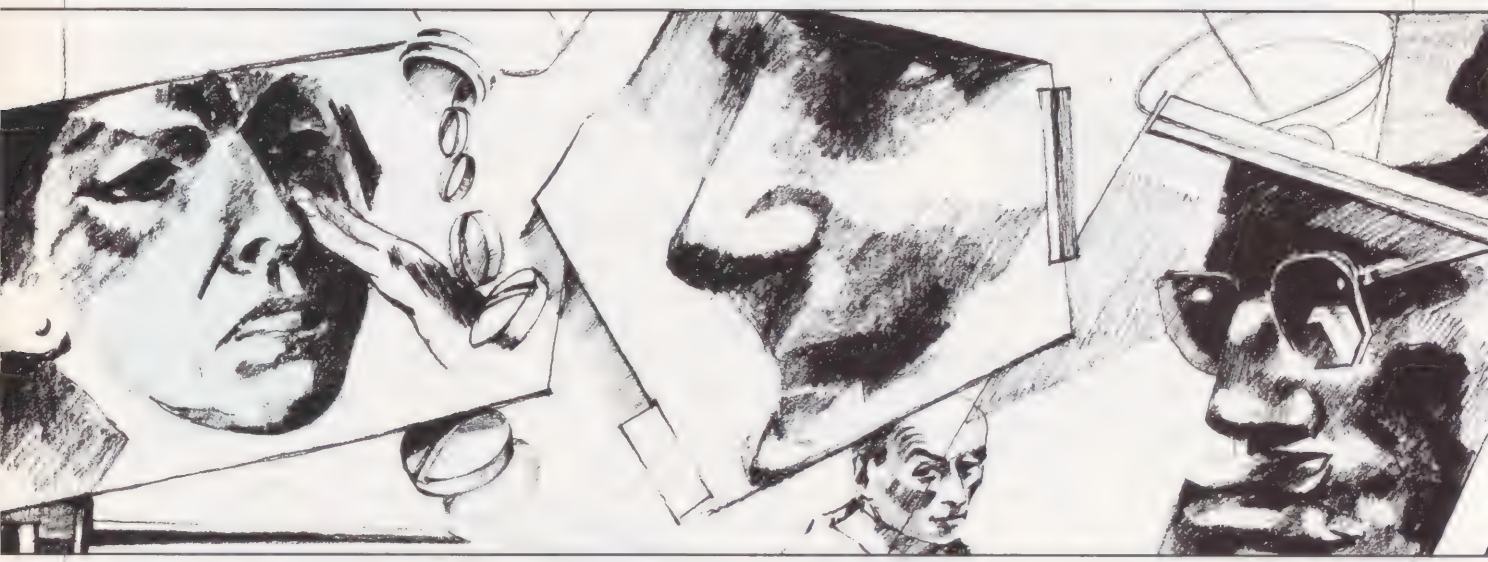
ELIGIBILITY OF APPLICANTS

MHCERF seeks applications from physicians, interested in research, who are licensed and domiciled in the state of Michigan. Applicants may include physicians working in research environments such as medical schools or university affiliated hospitals, health care systems as well as physicians working in non-profit agencies or in private practice.

INFORMATION

All requests for information and applications should be directed to:

Program Officer
Physician Investigator
Research Award Program
Michigan Health Care
Education and Research
Foundation
600 Lafayette East, B243
Detroit, Michigan 48226



Efforts to assist impaired physicians move into high gear

By Ralph D. Ward

Efforts to assist physicians with substance abuse problems will move into high gear now that a new legal framework for support is coming together. According to Charles F. Gehrke, MD, chair of the MSMS Committee to Assist Impaired Physicians, changes available through the new Health Professional Recovery Act will save medical careers and aid physicians' recovery. "The new legislation really changes the way impaired health care professionals are dealt with by the Michigan Board of Medicine. The approach will be nondisciplinary, and directed instead toward identifying and treating impaired professionals."

Under the law, health care professionals may seek treatment for a substance abuse problem through confidential, rehabilitation-track program separate from the licensing and discipline process. If the physician (or other health care professional) successfully completes the program, and doesn't show a pattern of regression, there will be no blot on their record.

The legislation went into effect in April, but the implementation process will likely extend into next spring, according to Douglas W. Macdonald, MD, medical director of the MSMS Physicians Recovery Network. A certified addiction medicine specialist, Doctor Macdonald has worked with MSMS since 1984 to assist on programs for impaired physicians. He says that the first task called for under the new law is to set up a Health Professional Recovery Committee. The committee, now in the process of being named, will include representatives of all state health care professionals, plus two members from the public. "They will direct actual application of the new

law," according to Doctor Macdonald.

Thomas L. Haynes, MD, a longstanding member of the MSMS Committee to Assist Impaired Physicians, was recently appointed by the Michigan Board of Medicine as the physician representative for the HPRC.

Consultant to help

Although the committee will supervise implementation of the law, it is mandated to name an outside consultant to develop the actual rehabilitation programs. "The committee will have a consultant working for it," according to Doctor Gehrke. "The consultant will be responsible for setting up programs to identify, diagnose, refer and follow up with affected health care professionals."

Although it will be some time (possibly next spring) before the committee actually names this consulting body, MSMS could offer good synergy through its current programs. "We have the depth of clinical experience," observes Doctor Macdonald.

Other possible contenders for the consultant role include major statewide employee substance abuse assistance programs, or major HMOs. As contractors, these entities would have some administrative advantages, but, according to Doctor Macdonald, "They don't have the clinical care experience in treating health professionals. And the administrative services can be developed by MSMS."

An RFP for the consultant should be issued by next spring, says Doctor Gehrke, who adds, "One thing we'll be working on is what sort of a response to formulate."

Lingering questions

Although the new law will offer real benefits in dealing with physician abuse problems, the process of implementation will leave some questions unanswered. One of the law's lesser-known aspects is that licensed health care professionals now have a positive obligation to report colleagues they suspect of an abuse problem. Failure to make a report will not result in civil liability or criminal prosecution, but will subject the physician to sanctions against his or her own license.

An unanswered question involves the Americans with Disabilities Act. This federal law, now being phased in, offers protection to workers seeking treatment for substance abuse problems. Will aspects conflict with the regimen set up by the Health Professionals Recovery Act? "The ADA will have some impact, but the effects haven't been worked out yet," notes Doctor Macdonald. "The final decisions will probably come out of the courts." ■

Ralph Ward is a Lansing-based freelance writer.



Charles F. Gehrke, MD
Chair, MSMS Committee to Assist Impaired Physicians



Douglas W. Macdonald, MD
Medical Director, MSMS Physician Recovery Network

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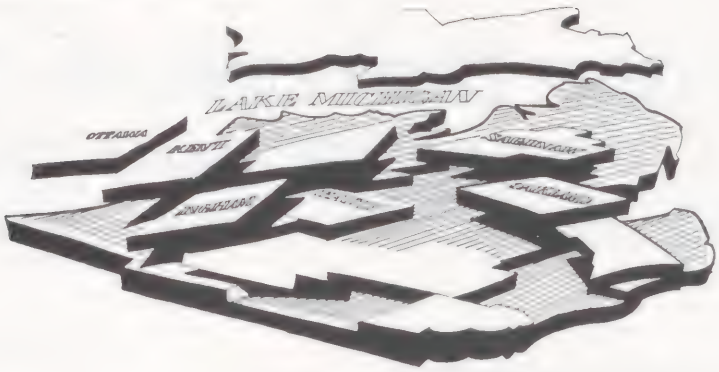
Coming Out Of The Dark

The Physicians Recovery Network sponsored by the Michigan State Medical Society and the Michigan Association of Osteopathic Physicians & Surgeons takes a confidential and non disciplinary approach. It helps Michigan physicians with substance abuse and mental health problems. . . addiction, marital/family conflicts, psychiatric illness, organic impairment, physical handicap . . . If you or someone you know is experiencing these or other problems, we can help find the solution. Call us.

Services of the MSMS/MAOPS Physicians Recovery Network are available to all Michigan physicians, and their families. The Network is NON DISCIPLINARY and information is kept CONFIDENTIAL.
If you, a colleague, or family member need our services call (313) 391-1267 or (517) 337-1351.

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SPOTLIGHT



County Medical Society Executives Form Association

By Tom Seely

In Michigan, many of the county medical societies face similar problems and have the same concerns. In order to better deal with these, the executive directors have formed a professional support group called the Michigan Council of County Medical Society Executives (MCCMSE). The Council officially began on August 10, 1994.

The purpose of forming this council is threefold:

(1) To serve as a channel through which county medical society executive staff may exchange information concerning problems and solutions directly among themselves.

(2) To serve as a vehicle whereby the Michigan State Medical Society (MSMS) may communicate directly with county medical society executive staff and as a vehicle for transmitting concerns of county medical societies through their executives to MSMS.

(3) To serve as a forum in which general problems affecting medicine may be brought to the attention of medical executives and others employed in the service of medicine.

"Execs give each other advice and assistance where it is needed and let each other know what is going on in other counties," says Chip McClimans, MCCMSE chair and executive director of the Kent County Medical Society.

Identity and camaraderie

Counties felt like little islands, isolated with no one to share ideas and information with on the same level. The formation of this work group gives each county a sense of identity and camaraderie. Also, it allows them to key off the successes of others and motivate each other to become more proactive. Other interests of the group include updates on POs and PHOs at the county level and what they are experiencing, ways to improve and understand membership, peer review and ideas for non-dues income. "The executive directors sometimes have to scramble to deliver the best service possible to their members. This group is a good means to develop the skills needed to accomplish this," says Peter A. Levine, co-chair and executive director of the Genesee County Medical Society.

MSMS Executive Director William E. Madigan echoes Levine's enthusiasm. "This is an excellent way for MSMS to work with county medical societies to maintain and strengthen a local voice for Michigan physicians," he says.

The Council will hold regular meetings at least four times per year. ■

Tom Seely is chief of physician outreach programs for MSMS. If you would like the activities of your county medical society featured in a future issue of Michigan Medicine, *please contact Tom Seely at MSMS at 517/336-5770.*

Outcomes Measurement - Part II

A profile of one organization's exploration of quality measurement and improvement

By Julie L. Lester, MHSA

In the September 1994 issue of *Michigan Medicine*, we defined the origins and scope of outcomes measurement as applied in the health care setting. This month, we focus on one organization that is exploring quality measurement and improvement at the state level: the Center for Health Outcomes and Evaluation, a division of the Michigan Peer Review Organization (MPRO).

The Health Care Financing Administration (HCFA) established the Center for Health Outcomes and Evaluation to achieve the goals of the Health Care Quality and Improvement Program under the contract for the Fourth Scope of Work. The Center is charged with analyzing variation in utilization, quality and outcomes of care. Individual hospitals can compare themselves with peer groups and regional and state comparisons through data feedback reports. Four cooperative improvement projects are also underway and are described below. The goals of these activities are to share with providers information derived from research trials and to disperse "best practice" models for them to adapt to their institution or setting.

Mission Statement:
The Center for Health Outcomes and Evaluation, a division of the Michigan Peer Review Organization, is dedicated to improving health care outcomes in Michigan and to increasing the efficiency and effectiveness of medical care delivery by health care providers and practitioners. We believe this mission is best accomplished by actively collaborating with health care providers and practitioners, collecting and analyzing health care data, establishing benchmarks, examining patterns of care, and using education and feedback to promote the results of these efforts.

The Center coordinates clinical supervision, data analysis, and education and feedback for the analytical and educational projects. The Center is charged with providing information and feedback to every hospital by the end of the three-year contract. Participation in the study projects is voluntary at this point and data are not being disclosed publicly. The entire focus is on provider education and collaboration.

The Center worked with hospitals to develop regular reports from the MEDPAR files that contain data on admissions, patient days, case mix index, mortality and readmissions. These data are adjusted for age, gender and patient severity.

Current cooperative improvement projects

In addition to the regular data feedback reports, the Center is currently working on four cooperative improvement projects. For these projects, the Center

staff prepares background information, develops hypotheses or objectives, designs a measurement strategy, and then shares this information with hospitals. Hospitals are encouraged to evaluate their own performance, determine any areas of needed improvement, and then work through a strategy for making those improvements. The Center provides assistance in this process as needed. The four projects currently underway include:

Red Blood Cell Transfusion Practice - To determine whether red blood cell transfusion practice by hospitals consistently conforms to published guidelines and to improve conformance where needed.

Use of the International Normalized Ratio (INR) for Titration of Warfarin Dosing - To determine which acute care Michigan hospitals utilize INR for prothrombin time reporting, to provide feedback regarding the overall INR reporting rate, and to encourage hospitals to incorporate the INR model in reporting patient anticoagulation status and to address physician education issues related to the utilization of INR values to adjust warfarin doses.

Long Term Care - Facility Use of the Resident Assessment Instrument - To improve the quality of long term care by enhancing usage of the Resident Assessment Instrument system and thus improving assessment, care planning and care plan implementation for nursing home residents.

Anticoagulation of Patients with Atrial Fibrillation to Prevent Thromboembolization - Prevent thromboembolization, principally embolic stroke, among Medicare beneficiaries with atrial fibrillation by:

1) measuring the rate of anticoagulation of hospitalized patients with atrial fibrillation;

2) comparing atrial fibrillation anticoagulation rates to a benchmark rate;

3) developing collaborative projects with physicians, hospitals and other health professionals to improve anticoagulation rates among patients with atrial fibrillation;

4) promoting the use of the INR prothrombin time laboratory reporting and use by attending physicians;

5) promoting the use of dietary counseling to stabilize vitamin K intake and drug interaction evaluation during the use of warfarin; and

6) improving hospital coding of medical co-morbidities, e.g., atrial fibrillation, among hospitalized patients. ■

Julie Lester is chief of health care research for MSMS.

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THE BENEFITS OF MSMS MEMBERSHIP



By Louis R. Zako, MD

Membership continues as a top MSMS priority! In the past year as chair of the MSMS Committee on Membership Recruitment and Retention, I have worked diligently to strengthen our ongoing recruitment and retention efforts. No matter how sophisticated our organization becomes, its life-blood must be an active, involved and growing membership.

Without a strong patient/physician bond, the United States would not boast the best health care delivery system in the world. Patients would become numbers visiting physicians without names. As the health system reform debate continues, the patient/physician relationship must only grow stronger. As physicians, we must educate our patients and nonmembers on what proposed changes to the health care delivery system will mean to them and their families.

In the coming months, the AMA and MSMS will continue to aggressively represent you at Congressional and State legislative hearings. Your organizations will propose constructive alternatives and strive to work with many other health care associations to transform the current health care system.

MSMS cannot go forward with this activity on behalf of our patients and our communities unless we continue to have a strong, vital and expanding membership. A robust and growing membership allows MSMS to function effectively in the areas that are so important to all of us.

When considering the value of membership in any association, it is tempting to look first at the tangible benefits — the products and services offered free or at a discount. But membership in organized medicine offers so much more than just publications and seminars. Membership provides the medical profession with a democratic forum for debating and formulating policy. It provides members with representation before Congress and the courts. It helps guarantee the continued high quality of medical education in the country. And, membership helps physicians reach out to the public with messages for healthier living.

MSMS continues to provide the latest information and services which assist our members to adjust to the most current changes in the health care system. A concise rundown of MSMS services is included in this cover story for your careful review.

Doctor Zako is chair of the MSMS Committee on Recruitment and Retention.



MSMS offers a variety of practice management services

By Julie Smith

Screening mammograms performed on women beginning at age 40...Annual PAP smears for women beginning at age 18. These are important recommendations commonly made by physicians to their patients so they may receive prompt medical treatment for identified problems, and therefore, enjoy an optimal level of health and well-being. Patients who refuse to comply with such recommendations for health screening are generally labeled "non-compliant" or difficult, and may be admonished that their irresponsible behavior will result in adverse outcomes.

There is no doubt that patients can and do benefit from periodic health screening. Likewise, physicians can benefit from periodic assessments of the health of their medical practices to uncover problems which directly or indirectly impact the profitability and quality of the practice.

Physicians in today's medical environment must spend a vast amount of their time and energy maintaining clinical competence and performing the medical services for which they are trained. Time constraints do not permit most physicians to be proficient at business practices nor to be able to adequately assess and identify problems within the practice, much less conceive, and implement workable solutions.

Most often, the aid of a practice management consultant is enlisted when a problem within the practice becomes obvious — such as when significant losses of income have occurred or a major project is anticipated, i.e., a change in medical record systems or physical layout of the office. But rarely are "check ups" requested for discovering office problems in their early, easily managed stages.

Lessons to live by

For example, a three-physician Internal Medicine practice operated for years with nine full-time employees. Within a two-week period, two employees resigned and one was required to take an extended medical leave. Job responsibilities were reassigned to temporarily maintain operation of the office. Efforts to replace the individuals were delayed, and as staff became acclimated to their expanded responsibilities, it became apparent that effective operation of the practice could be easily accomplished with six to seven employees versus nine, saving over $2,000 each month. A staff efficiency study may have likely yielded this information years sooner, producing a substantial savings.

A family practice physician prescribed a mammogram to a 50 year-old female as part of her annual physical examination. Following the physician's advice, the patient had the study performed as scheduled. Just prior to the next year's physical examination, the patient felt a small lump in her left breast, and informed the physician of such at the examination. A mammogram was again performed, which was interpreted by the radiologist as "very suspicious for malignancy with no change to the previous study." The family physician was unaware of the adverse "previous study," as the report was never received and treatment was never pursued. A lawsuit was initiated against the physician, which resulted in a substantial settlement to the patient. If a follow-up system had been in place, it is likely this lawsuit and the disastrous outcome for the patient could have been avoided.

Expert assistance is available

MSMS realizes that an efficient, strong practice enhances patient care, and wants to assist its members to remain strong and viable and in a position of control as outside forces lash against the traditional practice of medicine. A number of practice management services are available. **For an office "check-up," a practice profile can be performed.** This consists of a series of questionnaires designed to identify the strengths and weaknesses of your office. Each physician, clinical staff member and clerical staff member completes a questionnaire designed for their specific role in the practice. The completed questionnaires are reviewed by MSMS consultants, and a brief report is prepared which outlines any areas that require change or further review.

Physicians may also participate in a more detailed, thorough review of their practice. Staff and physicians are interviewed to obtain information, management reports are reviewed, and extensive observation of daily operations are conducted. A detailed written report of observations and related recommendations/changes is provided. A follow-up meeting is offered to answer any questions, and/or to discuss the need for assistance in implementation.

Individualized training for physicians and staff on billing and coding techniques and patient collection procedures can be conducted to ensure optimal reimbursement for services and effective control of accounts receivables. **Clinical and business operations within the office can be assessed** for their effectiveness in reducing professional liability exposure and enhancing patient satisfaction with care. **Other services include:**

- Personnel management
- Time management/scheduling
- Office policy and procedure development
- Managed care contract review
- OSHA compliance review
- CLIA compliance review
- ADA compliance review
- Development of various business and medical record forms
- Individualized staff training on risk and practice management issues.

For more information, or to receive a brochure outlining the MSMS practice management services, contact Angela Criswell at (517) 336-5723. ■

Julie Smith is chief of risk management for MSMS.

Expert advice just a phone call away

MSMS has expert staff on hand to answer your questions on a variety of topics. Particularly helpful to physicians are the Society's two ombudsmen who are available to help you with questions concerning reimbursement and MPRO issues.

MSMS Reimbursement Ombudsman, Joyce Nurenberg, currently responds to approximately 80 inquiries each month, helping individual offices with billing and payment problems and working on policy changes to address problem trends or policies. Her phone number is (517) 336-5722.

MSMS MPRO Ombudsman, Tom Plasman, is available to answer questions concerning peer review. His phone number is (517) 336-5724.

Other expert advice is available to members on a number of topics, including physician licensure and discipline, membership, medical education, medical economics, Medicare, contracting, physician organizations and physician hospital organizations, and practice and risk management. See the "Whom to Call at MSMS Headquarters" on page 37 for contact names and phone numbers.

MICHIGAN STATE MEDICAL SOCIETY

AIDS PROVIDER EDUCATION PROJECT



MSMS HIV/AIDS Speakers Bureau

The MSMS HIV/AIDS Speakers Bureau is a resource comprised of over 150 individuals available to speak to groups on a variety of HIV/AIDS-related issues. Available speakers include doctors, nurses, social workers, attorneys, infection control practitioners and people who are infected with HIV/AIDS. The HIV/AIDS Speakers Bureau is part of the MSMS AIDS Provider Education Project.

Presentations are available on a variety of topics including:

- Universal precautions and infection control guidelines
- Prevention and education of HIV/AIDS
- Psycho-Social Issues
- Legal aspects of HIV/AIDS
- Pediatric AIDS
- HIV/AIDS in Women

AIDS Provider Education Project
Michigan State Medical Society
120 West Saginaw East Lansing, MI 48823 • 517-337-1351



MSMS subsidiary offers the services you need to maintain a healthy practice

The most valuable commodity in any business — including medicine — is information.

But lack of time and external pressures make it difficult for physicians to gain the information they need to balance the business and patient care sides of their practice.

That's where the MSMS subsidiary, Physician Service Group, Inc (PSG) comes in. PSG helps you find the right service to solve your particular needs.

From the solo to group practitioner, PSG recognizes the importance of strong practice management. Ineffective management costs both you and your patients time and money. PSG helps you control these problems with insightful administrative programs and services. PSG simplifies and clarifies your organizational structure to make it more effective.

PSG looks for companies and services that take the physician seriously. General criteria are that the company is sound, has a solid record of longevity and continuing involvement with the medical community.

Once the company is part of PSG, products and services can be offered to you at affordable costs because of the size and strength of the MSMS membership.

Here are some of the ways PSG works for your practice:

HEALTH

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield policies are administered by the Michigan State Medical Society through the Group Insurance Trust (GIT). Plans are created for physicians by physicians.

- Affordable rates statewide
- Group and individual plans available to physicians, families and employees
- Optional prescription drug coverage
- Professional and courteous customer service representatives provided by GIT

DENTAL

Delta Dental

Sponsored by MSMS and administered by the Group Insurance Trust (GIT).

- Choice of Delta Traditional or PPO Plans
- 90% of Michigan dentists participate in the Traditional Plan
- Group continuous enrollment anytime during the year
- Available to physician, family and employees

OTHER INSURANCE PROGRAMS

Disability Income, Term Life, Personal Accident, Supplemental Hospital, Long Term Care, Excess Major Medical, Auto, Homeowners, Worker's Compensation, Business Overhead Protection, and Professional Liability.

PRACTICE MANAGEMENT SERVICES

Airborne Express

Discounted rates on overnight delivery.

Continued on next page

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Allied Office Interiors

Providing the medical community with specialized office and health care furnishings and services.

- Products such as Midmark, Wieland and Steelcase
- Computer Aided Design (CAD) services
- Complete follow-up services including delivery, installation and maintenance

Bell Atlantic-TriCon

A medical equipment leasing program for today's health care environment.

- Special rates for MSMS members
- Pre-arranged line of credit
- Minimal capital investment

Discount Magazine Subscription Service

A full service magazine subscription program for office reception room or personal use.

- Lowest available prices for MSMS members
- Hundreds of titles available

Members Long Distance Advantage

A top quality long distance service designed exclusively for MSMS members.

- Save up to 25 percent on your long distance calls
- No cost to join
- Free customized calling card and 24-hour customer service

Randolph Medical Group

A medical-nonmedical supplies purchasing program intended to save physicians money.

- 25-50 percent off list price
- Price protection for one year
- Free inventory level analysis
- Free cost analysis

FINANCIAL SERVICES

Comerica Bank

The credit card processing system for quick, convenient transactions.

- Minimizes turnaround time for outstanding receivables
- Increases payment convenience for patients

IC System

A leader in debt collection since 1938.

- Competitive commission rates
- Professional and ethical collection methods

Medical Billing Service

Industry leader in on-line computer billing systems.

- Free practice analysis for MSMS members
- Superior electronic claims processing abilities
- Ability to connect labs and physicians via electronic network
- Training provided on-site or in classroom
- Customer support hotline

PERSONAL SERVICES

Cellular One

A mobile communication service improving efficiency through accessibility.

- Largest continuous coverage area in Midwest
- 10 percent discount on home air time
- Free voice mail, call forwarding, call waiting
- Free conference calling, detailed billing

MBNA America

A Personal Gold Card designed to meet the needs of today's physicians.

- No first year annual fee
- $15,000 credit line and competitive interest rates

Physicians Leasing Company

Automobile lease/purchase plan taking the hassles out of shopping for a car.

- Fleet incentives
- 12-60 month leases available
- Option to purchase at end of lease

Select Communications

An authorized Cellular One agent offering MSMS members discounts on full line of cellular equipment.

- Competitive rates
- On-site installation, pick-up and delivery

ADDITIONAL SERVICES

Association Administrative Services

PSG helps state medical specialty organizations maintain membership records, process mailing lists, and collect dues. Account executives specifically assigned to a specialty organization work with the society's officers and directors in fulfilling these administrative needs.

Current societies using PSG association administrative services include:

MSMS Alliance
Michigan Society of Anesthesiologists
Michigan Allergy Society
Michigan Dermatological Society
Michigan Association for Medical Education
Michigan Chapter, American College of Surgeons
Michigan Ophthalmological Society
Michigan Society of Pathologists
Michigan Society of General Surgeons
Michigan Society of Internal Medicine
Michigan Society of Medical Assistants
Michigan Society for Respiratory Care
Health Education Foundation
Michigan Medical Group Managers Association

For more information on how PSG can help you, call MSMS Member Services at (517) 336-7570. ■

Physician networks provide opportunities for grassroots involvement

MSMS offers a variety of ways for physicians to get involved in grassroots activities and make positive steps toward improving the practice of medicine in this state. Two key programs, which have been most successful in recent years, are the Physicians' Communication Network (PCN) and the Physicians' Legislative Network (PLN).

The Physician's Communication Network

The Physicians' Communication Network is part of a strategy to involve all members in public relations and advocacy programs. The concept of the PCN grew out of a vision of unified member involvement in issues that affect the public's welfare.

"There was a sense that if physicians were motivated on a local level to express their views, this would go a long way in helping educate the public and inform the legislature," explains W. Archibald Piper, MD, chair of the MSMS Committee on Communications and Professional Relations.

Balanced against this grassroots strategy was a growing demand from physicians across the state for MSMS to keep them informed of the important issues confronting medicine. Physicians wanted to know what MSMS was doing, explains Doctor Piper, and how physicians could help in presenting "their side of the story" to the public.

MSMS set about meeting this dual demand by developing the PCN. A two-step process was established for initiating members into the program. First, physicians identified as potential spokespeople or leaders in medicine are selected to participate in media training workshops. These workshops are run by a public relations consultant who familiarizes the physicians with how the media functions. In four-hour sessions, a range of topics is covered including public speaking, how to be proactive with the local press, how to write letters to the editor, how to deflect aggressive or loaded questions and how to put your point across. In addition, the sessions include a mock interview which helps make physicians more comfortable with cameras and bright lights.

More than a dozen workshops have been held over the last three years at locations ranging from Detroit to Marquette. Approximately 324 physicians have been trained to deal with the press.

Once trained, physicians are invited to join the PCN. These members receive regular mailings keeping them updated on events and campaigns that are occurring in medicine and are called upon to assist in publicizing a variety of MSMS and AMA programs. "We are not training physicians to make them mouthpieces for MSMS activities," says Doctor Piper, "but rather to let them know what is going on at the state level so they can respond in an informed manner to local inquiries."

Physician assistance often takes the form of letters to the editor. Network members' names are also included in county speakers bureaus and state and local medica contact lists.

MSMS has run several major campaigns which have drawn on the PCN for assistance in publicizing and educating the public.

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Two of the most successful were medical liability reform and support of anti-smoking legislation.

"The PCN is the only program of its kind in the nation," explains Doctor Piper, "and MSMS has found it very effective in informing local communities throughout the state about health issues."

The Physicians' Legislative Network

Membership is the strongest MSMS resource when it comes to effective government relations. MSMS has developed a strong and extremely effective communications link, the Physicians' Legislative Network (PLN). The PLN provides crucial testimony on behalf of physicians statewide regarding issues of concern to medicine. Legislators respond more positively to their constituents than they do to the lobbyists in Lansing.

Members of the PLN are informed of important health related issues. The PLN members receive a newsletter which describes issues in depth, concerning the physicians of our state. During times of political necessity, PLN members are contacted as expeditiously as possible either by phone, fax or mail, and asked to contact their legislator to express the MSMS position on a specific issue.

MSMS also offers physicians the opportunity to familiarize themselves with the legislative process through the MSMS Doctor of the Day program. Doctors are invited to spend the day in Lansing attending legislative committee hearings, to observe the House and Senate sessions and to meet with their legislators. Physicians participating in the Doctor of the Day program have found it very informative and well worth the time spent in Lansing.

MSMS also conducts its annual Capitol Check-Up program. This program allows physicians and MSMS Alliance members from around the state to spend the day in Lansing interacting with legislators and becoming part of the political process.

For more information on these programs, call Tom Seely (PCN) at MSMS at (517) 336-5770 or Greg Aronin at MSMS at (517) 336-5741. ■



A message from the MSMS Alliance

By Trudy Ritter, MSMS Alliance President

The MSMS Alliance has been targeting several key projects this year including continued emphasis on gun safety awareness and youth violence.

Among the Alliance's newest projects is "Male Health Awareness." Each year, according to the American Cancer Society, 38,000 men die from prostatic cancer while 325 succumb to testicular cancer. The ACS estimates that during 1994, 200,000 new cases of the former group and 6,800 of the latter group will be diagnosed. Survival rates in both categories are very high if detected early.

In addition to these very important projects, the Alliance will continue to encourage physician spouses to join the Alliance and to do their part in helping improve the medical climate in this state.

"Cor ad cor loquitur" — "Heart speaks to heart" is my motto for my presidential year. What this basically means is that we can be giving, forgiving and loving if we start with one person at a time.

To join the Alliance, or for more information, contact Jennifer Anibal at MSMS at (517) 336-7595.

MAKING A DIFFERENCE...

The purpose of the Health Education Foundation is to advance the field of health for the public good. The mission of the Foundation is to achieve the following:

- Stimulate, support, and/or initiate lay or professional education, research programs, and projects in the field of health.

- Encourage the advancement of healthy lifestyles, prevention, diagnosis, or cure of disease, and the care of the sick and the dying.

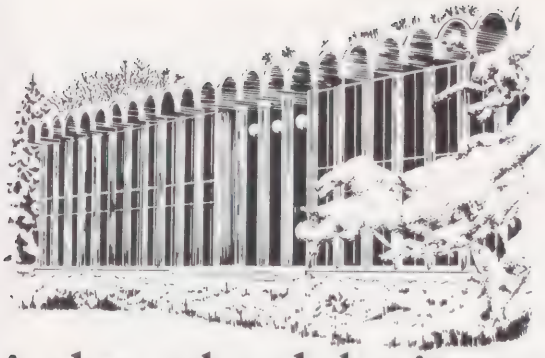
- Provide a vehicle for the Michigan State Medical Society to foster humanitarian public service in health education and research, and

- Provide a resource for the management and distribution of signature funds or bequests designated for special health education and research purposes.

For additional information or to make a contribution, please contact Dawn M. Reha, Executive Secretary, at Michigan State Medical Society. (517) 337-1351

Health Education FOUNDATION

Sponsored by Michigan State Medical Society
120 West Saginaw, East Lansing, Michigan 48823



Can't judge a book by its cover? What about an organization by its building?

Editor's Note: Last spring, Michigan Medicine received a copy of an essay written by the son of Donald H. Kuiper, MD, FACP, a Lansing gastroenterologist and MSMS member. Doctor Kuiper's then 18-year-old son, Matthew, decided to write about MSMS headquarters for a class project in advanced placement English. Doctor Kuiper was so impressed with his son's essay, that he decided to submit it for possible publication in Michigan Medicine. "I thought his description of our society building and the statement that it made to him as an 18-year-old student might be of some interest to others in our listening audience," wrote Doctor Kuiper. Well, we at MSMS think so too. Following is Matthew's essay as submitted by his father.

The State Medical Society Building: Beautiful and Symbolic

Constructed in 1959, the Michigan State Medical Society building was designed by Minoru Yamasaki. The building stands on an elevation surrounded by three and one-half acres of beautifully landscaped grounds on the corner of Saginaw and Abbott roads in East Lansing. The Michigan State Medical Society, the group that calls the building home, was founded in 1866 to keep physicians educated, to give conferences, and to insure high ethics in the profession. The main structure, which is 155-feet-long and 46-feet-wide and encloses 20,000 square-feet of floor space, has a uniquely structured roof consisting of 31 arched 55-foot-long roof vaults of pre-cast concrete resting on 64 vertical columns. Nearly 80 percent of the exterior of the building is composed of glass, giving the building an almost transparent feel. The front lawn of the edifice is an open space consisting of grass and shrubs through which a circular drive winds. Contrasting the front is the rear grounds with its large pine trees that seem to shelter and hide the structure.

The Michigan State Medical Society states that its goal is to "ensure the availability of, and access to, quality medical care for the people of Michigan." Their home building evinces this sentiment in its style and architecture. The understated brilliance of the architecture and the well constructed appearance of the building's frame reminds the viewer of quality and strength, two important characteristics the MSMS hopes to convey to those entering the structure. The arched roof and white columns manifest a sense of peace, as if one were entering into a sanctuary of some kind. Front and rear walls that consist largely of glass and allow people to see straight through the building seem to follow in step with the Society's commitment to openness and transparency. Easy access as provided by the circle drive in the front of the building alludes to the desire of the Society to ensure easy access to quality medical care.

Without question, the building housing the Michigan State Medical Society was designed with more than practicality and beauty in mind. The building was also designed to evince the mission of not only the MSMS but also the entire medical profession. Quality, strength, peace, and accessibility are all characteristics symbolically represented in this edifice. Undoubtedly, these aspects represent all that the MSMS desires to be. ■

Whom To Call At MSMS Headquarters

Executive Director ..... William E. Madigan
Assistant Executive Director ..... Kevin A. Kelly

Abbott Press ..... Kalifa Bofaris
Address changes ..... Linda Walker
AIDS Provider Education Project ..... Tom Seely
AMA Delegation ..... Judy Marr
Annual Scientific Meeting Program ..... Sarah Cressman
Blue Cross Blue Shield/ Third Party Payors .. Mary Anne Ford
Board of Medicine ..... Andy Lott
Continuing Medical Education
Accreditation ..... Sarah Cressman
Dues Billing & Payments,
Member Records ..... Kathy Hagen
Family Violence ..... Judy Marr
Federal Legislation ..... Kevin Kelly
Graduate Medical Education ..... Sherry Fent
Group Health Insurance Plan ..... Valerie Barker
Health Data Research ..... Julie Lester
Health Education Foundation ..... Dawn Reha
Health System Reform ..... Mary Anne Ford
HMOs/PPOs ..... Mary Anne Ford
Hospital Medical Staff Relations ..... Tom Plasman
International Medical Graduates ..... Betty McNerney
Judicial Commission ..... Sherry Fent
State Legislation ..... Greg Aronin
Maternal Health Conference ..... Sarah Cressman
Media Relations ..... David Fox
Medicaid ..... Greg Aronin
Medical Assistants ..... Caroline Kimmel
Medical Billing Consultant ..... Joyce Nurenberg
Medical Ethics ..... David Fox
Medical Records ..... Bridgett Benton
Medical Students ..... Deborah Zannoth
Medicare Payment Reform ..... Julie Lester
Medigram ..... Claudia Skutar
Member Benefits/Recruitment ..... Deborah Zannoth
Michigan Allergy Society ..... Jennifer Anibal
Michigan Association of Education ..... Chris Jourdain
Michigan Dermatological Society ..... Jennifer Anibal
Michigan Doctors Political Action
Committee ..... Donna LaGosh
Michigan Chapter,
American College of Surgeons ..... Chris Jourdain
Michigan Medical Group Managers Association ..... Dawn Reha
Michigan Medicine (MSMS Journal) ..... Betty McNerney
Michigan Society of Anesthesiologists ..... Jennifer Anibal
Michigan Society of Internal Medicine ... Caroline Kimmel
Michigan Society of General Surgeons ... Caroline Kimmel
Michigan Society of Pathologists ..... Chris Jourdain
Michigan Society of Respiratory Care ..... Caroline Kimmel
MPRO Ombudsman ..... Tom Plasman
MSMS Alliance ..... Jennifer Anibal
MSMS House of Delegates ..... Donna Farougi
MSMS-Sponsored Conferences/Seminars:
Clinical ..... Sarah Cressman
Non-clinical ..... Sherry Fent
MSMS Travel Programs ..... Donna Farougi
Physicians Communication Network ..... Tom Seely
Physicians Contracting Assistance ..... Tom Wolff
Physicians Executive Organization ..... Tom Plasman
Physician Organizations/
Physician Hospital Organizations ..... Tom Plasman
Physicians Recovery Network ..... Tom Wolff
Physician Review Organization of Michigan, Inc. . Jim Tarrant
Physician Legislative Network ..... Andy Lott
Physician Service Group, Inc. ..... John Richards
Physician Well Being Programs. ..... Sherry Fent
Practice Management ..... Julie Smith
Professional Liability ..... Greg Aronin
Public Health Liaison ..... Greg Aronin
Public Relations/Public Service ..... Judy Marr
Reimbursement Ombudsman
(Medicare/BCBSM) ..... Joyce Nurenberg
Resident Physicians ..... Julie Lester
Risk Management ..... Julia Smith
Specialty Societies ..... David Fox
Workers Compensation ..... Tom Wolff
Young Physicians ..... Deborah Zannoth

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Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatic. It may have activity as an aphrodisiac.

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Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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BOARD OF MEDICINE ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Tejinder Kaur Uppal, MD, 33608 Palmer Rd., Westland, MI 48185
Action, Date Taken: License Suspended - 6 months & 1 day, 09-14-94
Reason: Criminal Conviction - Insurance Fraud

Name: Sajida Anis Ahmed, MD, 212 W. Sixth Street, Clare, MI 48617
Action, Date Taken: Probation - 2 yrs, Fine $5,000.00, Successful passage of recertification exam, 09-20-94
Reason: Negligence - Incompetence

Name: Francis M. Osher, DO, 728 Genessee, Mt. Morris, MI 48458
Action, Date Taken: License Revoked, 10-03-94
Reason: Conv/Drug Related

Name: David P. Nebbeling, DO, 622 East 38th Street, Davenport, IA 52807
Action, Date Taken: Relicensure Denied, 09-02-94
Reason: Conv/Drug Related

Name: Richard E. Tapert, DO, 23550 Harper, St. Clair Shores, MI 48080
Action, Date Taken: License Suspended - 6 months & 1 day, 10-03-94
Reason: Conv/Drug Related ■

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NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals. Members without MD or DO designation are students.

Katherine Abbo, MD
11900 E 12 Mile Rd #309 IM/CD
Warren, MI 48093

Dawn M. Ackley
7780 Clinton Rd
Jackson, MI 49201

Hindi Shash Ahmed, MD
Hurley Medical Center
Two Hurley Plaza IM
Flint, MI 48503

Jennifer R. Albe
4465 Kenneth Dr #D106
Okemos, MI 48864

Amy R. Anderson
16211 Kirshire
Beverly Hills, MI 48025

David P. Antekeier
3361 Burbank Dr.
Ann Arbor, MI 48105

Amal A. Awwad
550 Bayside St
Detroit, MI 48217

Frank A. Baciewicz Jr., MD
3990 John R #228 TS/GS
Detroit, MI 48201

Scot A. Baker, MD
200 S. Wenona St #250 OTO
Bay City, MI 48706

Ramesh D. Bambhania, MD
600 S Lakeview #207 IM
Sturgis, MI 49091

Marjan Banooni
2109 Sunnycrest
West Bloomfield, MI 48323

Teresa Baranowski-Birkmeier, DO
1900 Wealthy St SE IM
Grand Rapids, MI 49506

John T. Bassett
20645 Woodburn
Southfield, MI 48075

William Bechtel, MD
G3239 Beecher Rd DR
Flint, MI 48532

Azin Bekhrad
1321 Orleans #1905
Detroit, MI 48207

Howard R. Belkin
30980 Hunters Dr #2
Farmington Hills, MI 48334

Brian J. Bell, MD
965 S. Bailey Ave #1-3 OBG
South Haven, MI 49090

Larry M. Bennet, MD
218 E. Fifth IM
Clare, MI 48617

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NEW MEMBERS

Blake Berman, MD
25536 W. 12 Mile Rd #305 DR
Southfield, MI 48034

Richard P. Beshore, DO
2815 S. Pennsylvania #202 CDS/GS
Lansing, MI 48910

J. Sybil Biermann, MD
2912 THHC, 1500 Med Ctr Dr ORS
Ann Arbor, MI 48109-0328

Steven N. Bills
3023 W. 13 Mile Rd #437
Royal Oak, MI 48073

Jennifer L. Bissell
16211 Kirkshire
Beverly Hills, MI 48025

Eric S. Blackwell
24584 Beck
Eastpointe, MI 48201

Joseph R. Blodgett, MD
20340 Harper Ave PD
Harper Woods, MI 48225

Kurt M. Bloomhuff
66 Mapleton Rd
Grosse Pte Farms, MI 48236-3615

Guy M. Boike, MD
2 Hurley Plaza #209 OBG
Flint, MI 48503

Merrilee R. Brandt, MD
828 Oak St. GS
Cadillac, MI 49601

Richard M. Brenz, MD
502 Cobb St OPH
Cadillac, MI 49601

Eric A. Brown, MD
19787 Mack Ave GS
Grosse Pte Woods, MI 48236

Earl Burhans, DO
6928 Springbrook FP
Kalamazoo, MI 49004

Eric P. Buth, MD
Butterworth Hosp. Radia Oncol
100 Michigan St NE RO
Grand Rapids, MI 49503

George G. Carothers, DO
4047 Saladin Dr, SE GS
Grand Blanc, MI 48439

Hector E. Carrion, MD
P.O. Box 960 GP
South Haven, MI 49090

Scott L. Chappell
1356 Buckingham
Grosse Pte, MI 48230

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Nathan Chase, MD — IM
7210 Ortonville Rd #206
Clarkston, MI 48346

Anita S. Chatman, MD — FP
2412 R T Longway Blvd #8
Flint, MI 48503

Paul M. Chovaz, MD — AN
616 Lake Dr.
N. Muskegon, MI 49445

John R. Clark, MD — OBG
17 Linden Loop
Minot, ND 58704

Jennifer L. Cohn
23843 Lynwood
Novi, MI 48374

Gerald A. Conglio, MD — ORS
5400 Mackinaw Rd #2300
Saginaw, MI 48604

Suzanne L. Connell
7050 Vicksburg
Utica, MI 48317

Cory E. Cookingham Jr., MD — AI
2050 S. Linden Rd #101
Flint, MI 48532

Ralph M. Constanzo, MD — ORS/HS
1000 E. Paris SE #230
Grand Rapids, MI 49546

Jon M. Curry, MD — U
21 Michigan St SE #450
Grand Rapids, MI 49503

Ronald M. Cyr, MD — OBG
231-730 N. Macomb St
Monroe, MI 48161

A. George Dass, MD — ORS
4466 Bristol Rd
Flint, MI 48507

Jeffrey S. DeMercurio
4065 Ledgestone
Troy, MI 48098

Matthew T. DesJardins
1336 Somerset
Grosse Pte Park, MI 48230

Julie A. Dodds, MD — ORS
2900 Hannah Blvd #103
East Lansing, MI 48823

Douglas J. Doty, DO — AN
119 S. 160th Ave
Holland, MI 49424

Richard D. Drake
9241 W. Pickwick, Bldg 2
Taylor, MI 48180

Stephen J. Driker
120 Seward #110
Detroit, MI 48202

Robert J. Edwards
9000 E. Jefferson #9-6
Detroit, MI 48214

Linda S. Evans, MD — PD
1123 W. Broadway #1
Three Rivers, MI 49093

Peter G. Fattal, MD — CD/IM
4701 Towne Centre #201
Saginaw, MI 48604

Dale E. Feldpaush
5934 Marseilles
Detroit, MI 48224

Ivonne I. Felix, MD — GP
6923 Chimenely Hill Dr #1502
W. Bloomfield, MI 48322

William R. Felten, MD — CD/IM
4701 Towne Centre Rd #201
Saginaw, MI 48604

Paul C. Field, MD — DR
1182 Funa Vista Dr.
Holland, MI 49423

Marta V. Fraile
4052 W. 13 Mile Rd #D
Royal Oak, MI 48073

Brent M. Fuller
37825 Joy Rd #206
Westland, MI 48185

G. Michael Garvin, MD — PD/FP
1425 Michigan St NE
Grand Rapids, MI 49503

Brian J. Gedeon
3103 Trappers Cove #3C
Lansing, MI 48910

William S. Goldstein, MD — OPH
16530 19 Mile Rd
Clinton, MI 48030

Jason C. Goliath
30450 Avondale
Westland, MI 48185

Judie Goodman, DO — ON
22301 Foster Winter
Southfield, MI 48075

Bradley P. Goodwin
732 Ann St
Plymouth, MI 48170

Sophia E. Grias
3743 Roger
Allen Park, MI 48101

NEW MEMBERS

Michael Gross, MD
1221 S. Drive AN
Mt. Pleasant, MI 48858

Janet T. Guisinger, MD
1221 S. Drive AN
Mt. Pleasant, MI 48858

Nasir Ul Haque, MD
1431 S. Woodward Ave PD/PDE
Bloomfield Hills, MI 48302

Oliver W. Hayes, DO
MSUCOM A314 East Fee Hall EM
East Lansing, MI 48834-1316

H. Brent Hildebrand, MD
1414 W. Fair #36 FP
Marquette, MI 49855

Thomas J. Hill, MD
1212 E. Sherman Blvd CD
Muskegon, MI 49444

Alicia S. Hodge
25830 Village Green Blvd #106
Harrison Twp, MI 48045

Sandra L. Howell, MD
211 S. Crapo St #A GS
Mt. Pleasant, MI 48858

Ryan M. Holmes
1820 Coolidge #104
Troy, MI 48084

Robert Hoogstra, MD
1700 Clinton St EM/IM
Muskegon, MI 49442

Charles K. Hu
4655 Kiftsgate Bend
Bloomfield Hills, MI 48302

Elizabeth R. Hudler
8511 Honeytree Blvd #14-246
Canton, MI 48187

Amanda M. Huver, DO
4600 Breton Rd IM
Kentwood, MI 49508

Brian P. Jacob
600 River Place #6637
Detroit, MI 48207

Sheala Jafry
18239 Winwood
Wyandotte, MI 48192

Susan Layne Jewell, MD
445 W. Baraga #4 FP
Marquette, MI 49855

Kirsten M. Johantgen, MD
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P.O. Box 3216 OBG
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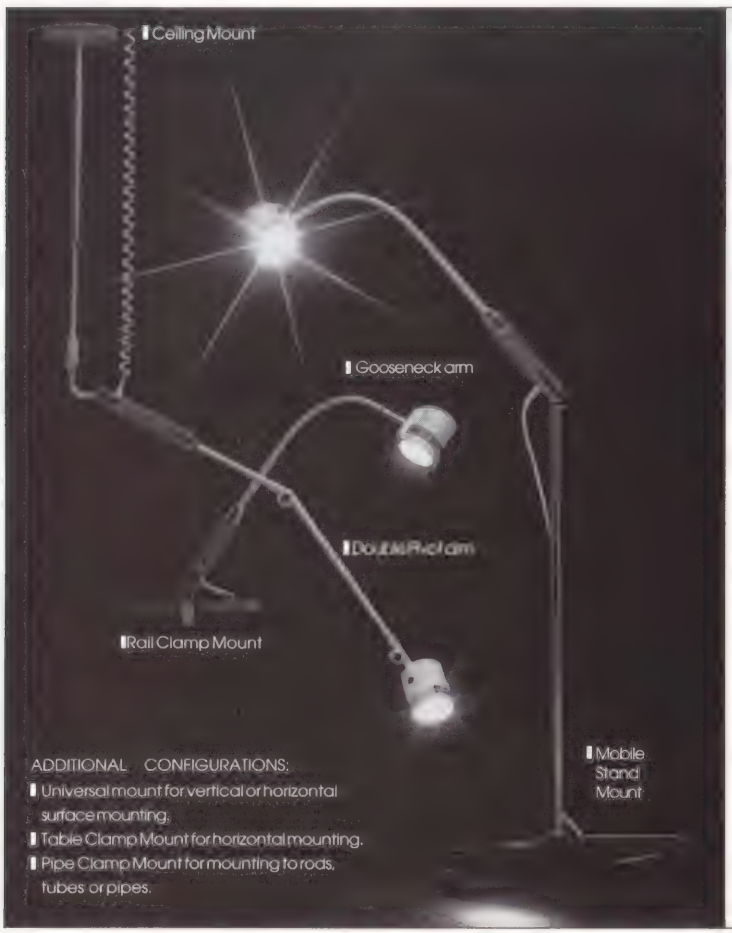
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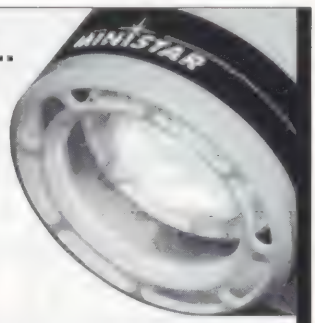
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Detroit, MI 48213-3499

Razan Katry
263 Pine Ridge Dr
Bloomfield Hills, MI 48304-2138

Michael T. Kee, DO
8435 Shirley Ct #1 FP
Portage, MI 49002

Richard J. Keirn, MD
1675 Leahy #201 IM
Muskegon, MI 49442

Khalid Khan
13822 W. Outer Dr
Detroit, MI 48239

Joseph A. Kozlowski, MD
G3239 Beecher Rd #F R
Flint, MI 48532

Felissa B. Kreindler, MD
1048 Ridgedale PD
Birmingham, MI 48009

Stefanie L. Krenz
27062 Hampstead
Farmington Hills, MI 48331

Klaus P. Kutschke, MD
1391 E. Parkdale Ave GS
Manistee, MI 49660

Margaret I. LaCroix
18184 Kilbiruie
Lathrup Vlg, MI 48706

James Langeveld
47160 Harry
Utica, MI 48317

David A. Larkin, DO
125 Parker IM
Alpena, MI 49707

Harold B. Lenhart, MD
3340 Hospital Rd
P.O. Box 6280 P
Saginaw, MI 48608-9623

George A. MacDonald, MD
965 Bailey Ave
P.O. Box 549 FP
South Haven, MI 49090

Kamyar K. Malek-Hedayat
1 Lafayette Paisance #1408
Detroit, MI 48207

Christa M. Malinak
25300 Rouge River Dr
Dearborn Heights, MI 48127

Chad R. Manke
16095 Sprenger
Eastpointe, MI 48201

Lawrence A. Marten, MD
35425 Michigan Ave W FP
Wayne, MI 48184

William W. Martin, MD
20618 Balfour #2 P
Harper Woods, MI 48225

Kevin J. McCormick, MD
4042 Woodland Creek Dr SE #301 IM
Grand Rapids, MI 49512

Ross W. McFarland
17374 Hidden Lake Way
Northville, MI 48167

John D. Mellinger, MD
245 Cherry St. SE GS
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183 West St. Anest Office
Battle Creek, MI 49016

Sharon J. Myers
39318 Ironstone
Sterling Heights, MI 48310

Jack Nettleton, MD RO
4100 Beecher Rd
Flint, MI 48532

Jeffrey T. Nigl
20550 Kelly Rd #4
Harper Woods, MI 48225

Robert V. Nouhan
2307 Jolly Rd #15
Lansing, MI 48910

David B. O'Donnell, MD D
4705 Towne Centre #301
Saginaw, MI 48604

Kathleen E. O'Hare, MD IM/GER
515 Lakeside Dr. SE
Grand Rapids, MI 49506

Robert C. O'Laughlin, MD RO
23749 Riverside Dr
Southfield, MI 48034

David M. O'Malley
5934 Marseilles
Detroit, MI 48224

Jennifer Oberlies
1641 Woodward Hgts
Ferndale, MI 48220

Anthony F. Ognjan, DO IM
1000 Harrington Blvd
Mt. Clemens, MI 48043

Michael D. Olgren, MD EM
2581 Woodlake Rd SW #5
Wyoming, MI 49509-4720

Bruce Olson, MD IM/ID
2221 Scenic Dr
Muskegon, MI 49445

Richard B. Overbeck, MD EM
712 Lake Dr
Muskegon, MI 49445

Gregory G. Pacentine, DO AN
P.O. Box 93
Berrien Springs, MI 49103

Hemang C. Patel
38933 Empire Ct
Farmington Hills, MI 48331

Mark Pennington, MD DR
200 S. Wenona Ave
Bay City, MI 48706

Jeffrey D. Placzek
731 Harry Paul
Lake Orion, MI 48362-2840

Lana D. Powell
6515 Yale Rd #714
Westland, MI 48185

Michael D. Rice
12427 Klinger
Detroit, MI 48212

Dawn M. Riemersma
36671 Jefferson Ct #788
Farmington Hills, MI 48335

Wilfredo Rivera, MD CD
G4040 S. Linden
Flint, MI 48507

Maria Rojeski, MD END/IM
2352 Highland View Dr SE
Grand Rapids, MI 49506

Louis G. Salib, MD AN
168 S. Howell
Hillsdale, MI 49242

April M. Sarvis
2339 Riverside Dr.
Southfield, MI 48034

Thomas C. Schermerhorn
449 Lanier
Detroit, MI 48202

Krzysztof Schneiberg, MD GP
P.O. Box 150 U.S. 2
Spalding, MI 49886

Andrew Sears, MD
5445 Glenfield Dr
Saginaw, MI 48603

Rebecca M. Sexton
15010 Sherwood Park Dr
Shelby Twp, MI 48315

Mark A. Shamam
38749 Bronson
Sterling Heights, MI 48310

Robert L. Sherwin
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28493 Franklin Rd
Southfield, MI 48024

Mark B. Silverman, DO N
22250 Providence Dr #602
Southfield, MI 48075

Zdravko Skrtic, MD DR
2109 Burchard St SE
E. Grand Rapids, MI 49506

Amy L. Smith
314 Rivard Blvd
Grosse Pte, MI 48230

Roderick R. Smith, MD CHP
1513 S. Center Rd
Burton, MI 48509

Kimiko Snider, MD FP
1391 E. Parkdale #101
Manistee, MI 49660

Cheryl A. Sobocinski
2445 Weathervane #A313
Clinton Twp, MI 48035

Michael S. Solomon, DO OPH
5540 Crabtree
Bloomfield Hills, MI 48301

Bob P. Stchur
1321 Orleans #709
Detroit, MI 48207

Frederick C. Stebner, MD R
G3239 Beecher Rd #5
Flint, MI 48532

Kabet J. Sterk, MD FP
3152 Port Sheldon Rd
Hudsonville, MI 49426-9022

Brigette K. Stern, MD FP
441 Minot
Romeo, MI 48065

Gregory Tennyson, MD END/IM
2352 Highland View Dr SE
Grand Rapids, MI 49506

Roopal B. Thakkar
18231 Millstone
Macomb, MI 48044

Sumeska Thavarajah
15 Pine Gate Dr
Bloomfield Hills, MI 48604

Russell C. Thompson, MD IM
800 E. Columbia #B
Mason, MI 48854

Barbara S. Thornburg, MD R
2730 Cascade Rd SE
E. Grand Rapids, MI 49506

John C. Throop
26076 W. 12 Mile #B6
Southfield, MI 48034

Constantine A. Toumbis
2440 Parmeuter Blvd #111
Royal Oak, MI 48073

Lisa M. Truchan
5069 W. Reid Rd
Swartz Creek, MI 48473

Geoffrey K. Tuner, MD IM
57 N. Michigan Ave
Bellah, MI 49617

Neal D. Uitvlugt, MD GS/PDS
215 Michigan St NE #200
Grand Rapids, MI 49503

Naomi R. Vandermissen
13425 Strathcona #204
Southgate, MI 48195

Marc-Anthony Q. Velilla
1930 Lexington
Troy, MI 48084

JoAnne J. Vilari
37976 Grosebeck
Clinton Twp, MI 48036

James J. Vyskocil, MD IM
2 Hurley Plaza #203
Flint, MI 48503

Richard G. Walton, DO DR
16824 Kercheval Place #202
Grosse Pointe, MI 48230

Carol M. Ways, MD FP/OM
2004 Hogback #14
Ann Arbor, MI 48105

Bobby W. Webster, MD OBG/REN
885 Forest Hill Ave SE
Grand Rapids, MI 49546

Mary West, MD FP
384 N. Third Ave
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OBITUARIES

Contributions in memory of these physicians or other deceased colleagues or relatives may be made to the **MSMS Health Education Foundation.** For more information, please contact Dawn M. Reha, Executive Secretary, 120 W. Saginaw, East Lansing, MI 48823 or by phone (517) 336-7589.

Thornton I. Boileau, MD

Birmingham

Thornton I. Boileau, MD, a retired preventive medicine physician, died March 21, 1994. He was 82. A 1936 graduate of Ohio State University Medical School, Doctor Boileau was affiliated with Harper, Crittenten and William Beaumont Hospitals. He was a member of Oakland County Medical Society and MSMS.

Sait D. Ermete, MD

Dearborn Heights

Sait D. Ermete, MD, a retired general practice physician, died at the age of 71. A 1947 graduate of the University of Istanbul Medical School, Doctor Ermete was affiliated with Annapolis Hospital and was a member of World Medical Relief. He was a member of Wayne County Medical Society and MSMS.

William J. Fuller, MD

Grand Rapids

William J. Fuller, MD, a retired surgeon, died April 25, 1994. He was 82. A 1938 graduate of the University of Michigan Medical School, Doctor Fuller was affiliated with Blodgett Memorial and St. Mary's Hospitals and served for nine years as governor of the American College of Surgeons, as a trustee of the Kent Medical Foundation, chief of staff and chief of surgery at Blodgett Memorial, president of the Michigan Chapter of American College of Surgeons and member of the governing councils of the Frederick A. Coller Surgical Society and Michigan Chapter of the American College of Surgeons. He was a member of Kent County Medical Society and MSMS.

Ferdinand Gaensbauer, MD

Sun City, Arizona

Ferdinand Gaensbauer, MD, a retired obstetrics and gynecology physician, died in May 1994. He was 80. A 1932 graduate of the University of Michigan Medical School, Doctor Gaensbauer was affiliated with St. Joseph Mercy and Pontiac General Hospitals. He was a member and former president of the Oakland County Medical Society and was member of MSMS.



Robert Judson Mason, MD

Cockeysville, Maryland

Robert Judson Mason, MD, a retired pediatrician, died in June 1994. He was 91. A 1929 graduate of the University of Chicago Medical School, Doctor Mason was affiliated with St. Joseph Mercy and William Beaumont Hospitals. He was a former president of the Detroit Pediatric Society, member of the City Planning Commission, chair of the board of directors of the Birmingham Chamber of Commerce and the Oakland County Child Guidance Clinic, member of the board of trustees, Blue Cross Blue Shield of Michigan, member, board of directors, the Michigan Association of Emotionally Disturbed Children, director of the Poison Control Center, Pontiac, chief of staff at St. Joseph Mercy Hospital, president of the Oakland County Medical Society, board chair and president of the Michigan State Medical Society and advisor to the United Foundation. He was a member of Oakland County Medical Society and MSMS.

David M. Reed, MD

Sherman, Connecticut

David M. Reed, MD, a psychiatrist, died June 14, 1994. He was 48. A 1975 graduate of the New York University School of Medicine, Doctor Reed was affiliated with Marquette General Hospital. He was a member of the Marquette-Alger County Medical Society and MSMS.

Jacob F. Wenzel, MD

Detroit

Jacob F. Wenzel, MD, a retired proctologist, died recently at the age of 82. A 1935 graduate of the Wayne State University School of Medicine, Doctor Wenzel was affiliated with Bon Secours, St. Johns and Detroit Receiving Hospitals. He was a member of the Wayne County Medical Society and MSMS. ■

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MSMS Meetings

November

17, 22, 28, 29, 30, Closed Claim Review Sessions for Office Staff. 17, Muskegon; 22, Grand Rapids; 28, East Lansing; 29, Novi; 30, Petoskey. Contact Debra Metro at (517) 336-5769.

21, 22, Emerging Trends and Future Directions in Health Care Information Systems. 21, Grand Rapids; 22, Kalamazoo. Contact Roberta Lott at (517) 336-5767.

December

1, Closed Claim Review Sessions for Office Staff. Petoskey. Contact Debra Metro at (517) 336-5769.

2, Risk Management Mock Trial. Novi. Contact Debra Metro at (517) 336-5769.

6,7, The Office Staff and Professional Liability. 6, Kalamazoo; 7, Muskegon. Contact Debra Metro at (517) 336-5769.

8, 13, 14, 1995 Medicare Update. 8, Saginaw; 13, Novi; 14, Grand Rapids. Contact Roberta Lott at (517) 336-5767.

1995

March

16, MSMS Maternal and Perinatal Health Conference "Comtemporary Controversies in Perinatal Care". Location: Kellogg Center, East Lansing, Michigan. **Contact:** Sarah Cressman, Chief, Clinical Education, (517) 336-5727.

AMA Meetings

December

4-7, AMA Interim Meeting. Hawaii. Contact: Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

Michigan Specialty Society Meetings

December

2, Michigan Society of Respiratory Care House Meeting, East Lansing. Contact Caroline Kimmel at (517) 336-7585. ■

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NOVEMBER

17-18, Selected Topics in Clinical Nutrition. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical Center and College of Pharmacy. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit, 12.0 hours of Category 2A Credit, AOA

18, Cumulative Trauma Disorders: Considerations in Cost-Effective Assessment, Management and Ergonomic Intervention. Location: Holiday Inn South, Lansing, Michigan. **Sponsor:** ARM Assessment-Rehabilitation-Management, Inc., St. Lawrence Hospital Occupational Health Service, Michigan Capital Healthcare Occupational Health Program, Michigan Capital Healthcare Continuing Education Department. **Contact:** Michigan Capital Healthcare Continuing Education, (517) 334-2107. **Approved for:** 6.0 hours of Category I Credit.

18-19, Stress EKG. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 12.0 hours of Category I Credit.

18-19, 3rd Annual Women's Health Care. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Family Practice and Department of Obstetrics and Gynecology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 14.0 hours of Category I Credit, 14.0 hours of Category 2A Credit, AOA

Continued on page 53

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PROGRAM DIRECTORS

Eduardo Phillips, M.D., F.A.C.S., F.I.C.S., Secretary/Treasurer, International College of Surgeons, Michigan Division, Chairman, Department of Surgery, Sinai Hospital, Detroit, MI, Clinical Assistant Professor of Surgery, Wayne State University, Detroit, MI

Krishna Sawhney, M.D., F.A.C.S.,F.I.C.S., F.R.C.S., President, International College of Surgeons, Michigan Division, Chief of Surgery, Downriver Region, Henry Ford Health Systems and Heritage Hospital, Taylor, MI, Clinical Associate Professor of Surgery, Wayne State University, School of Medicine, Detroit, MI

GUEST SPEAKERS

David W. Rattner, M.D., F.A.C.S., Associate Visiting Surgeon, Massachusetts General Hospital, Associate Professor of Surgery, Harvard University, Boston, MA, **LECTURE:** Pancreatic Cancer - 1995: Are We Doing Any Better?

Ruth A. Decker, M.D., Instructor, Department of Surgery, Division of Endocrine Surgery, The University of Michigan Medical Center, Ann Arbor, MI, **LECTURE:** Progress in Genetic Testing of MEN2: Is Calcitonin Testing Obsolete?

Anthony Dardano, D.O., Surgical Resident, PGY-IV, Sinai Hospital, Detroit, MI, **LECTURE:** Glutathione Depletion Increases Permeability Across Vascular Endothelial Cells After Oxidant Stress

Jeffrey L. Ponsky, M.D., F.A.C.S., Director, Department of Surgery, The Mt. Sinai Medical Center, Professor of Surgery, Case Western Reserve University, School of Medicine, Cleveland, OH, **LECTURE:** Prevention and Management of the Complications of Laparoscopic Cholecystectomy

Frank Lewis, M.D., F.A.C.S., Chief, Dept. of Surgery, Henry Ford Hospital, Detroit, MI, Professor of Surgery, Case Western Reserve University, Cleveland, OH, **LECTURE:** New Diagnostic Modalities and Their Impact in Trauma

Robert A. Schmidt, M.D., Director of Mammography and Associate Professor of Radiology, University of Chicago Hospitals, Chicago, IL, **LECTURE:** Mammographic Screening for Breast Cancer: State of the Art and Alternative Biopsy Techniques

Edwin G. Wilkins, M.D., Assistant Professor of Surgery, Section of Plastic and Reconstructive Surgery, The University of Michigan, Ann Arbor, MI, **LECTURE:** Post Mastectomy Breast Reconstruction Outcomes Research

Georg F. Springer, M.D., D.Sc.hc., Professor & Head, Heather M. Bligh Cancer Research Laboratories, Finch University of Health Sciences, The Chicago Medical School, North Chicago, IL, **LECTURE:** T/Tn Antigen: Over 20 Years Experience of Early Immuno-Detection & -Therapy of Human Carcinoma

Nathan Kaufman, M.D., Chairman, Department of Radiation Oncology, Sinai Hospital, Detroit, MI, **LECTURE:** Brachytherapy for Breast and G.I. Cancers

OBJECTIVE: This program is designed to update knowledge of current issues in surgery. It is open to physicians, residents and other interested health care professionals.

CREDIT HOURS: The International College of Surgeons - United States Section is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The International College of Surgeons - United States Section designates this continuing medical education activity for 6 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

REGISTRATION FEE: $100 for physicians; $50 for other health care professionals. There is no charge for residents or fellows of ICS to attend.

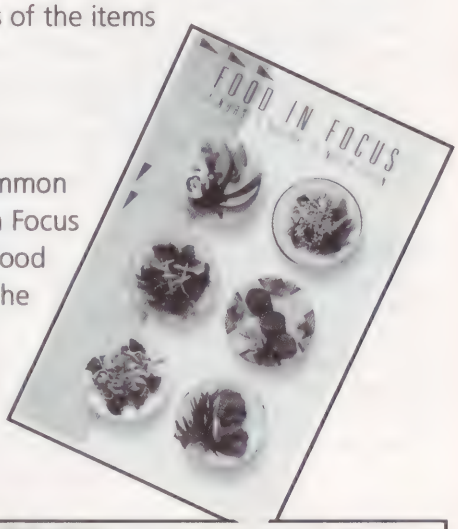
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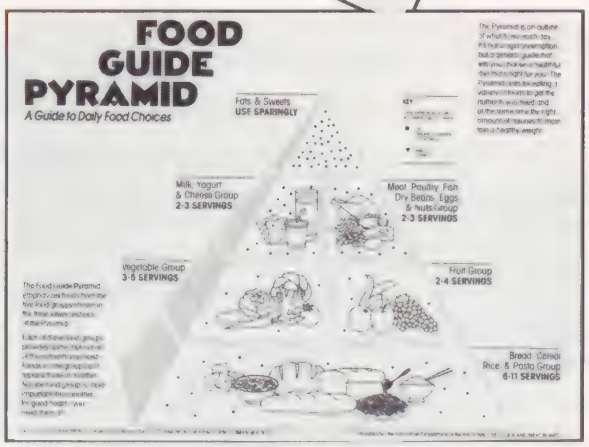
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CATEGORY I COURSES

Continued from page 51

DECEMBER

2-3, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallmann, 4909 Hedgewood Drive, Midland, Michigan 48640, (800) 462-2492. **Approved for:** 12.25 hours of Category I Credit.

10, Office Cardiology. Location: Detroit Marriott Livonia, Livonia, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 4.0 hours Category I Credit.

1995

JANUARY

21, Medstart Conference 1995: Opening Our Eyes Through the Voice of Children. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** Medstart. **Contact:** Julie Carroll, Vivek Rajagopal, or David Rosen, MD, Medstart, Office of Student Affairs, Med. Sci. - C Wing, University of Michigan Medical School, 1335 Catherine Street, Ann Arbor, Michigan, 48109-0611. **Approved for:** 6.0 Hours of Category I Credit.

25, Vasectomy (No-scalpel technique). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

26-27, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

28, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

29- February 3, The 19th Annual Midwinter Family Practice Update. Location: Boyne Highlands Inn, Harbor Springs, Michigan. **Sponsor:** University of Michigan Medical School, Department of Family Practice, The Michigan Academy of Family Physicians.

Continued on next page



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CATEGORY I COURSES

Continued from previous page

Contact: Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 20.0 hours Category I Credit, 20.0 hours Credit,AAFP, 20.0 hours in Category 2A, AOA.

MARCH

1, Flexible Sigmoidoscopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

1-2, Colonoscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

3-4, EGD (Gastroscopy). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

5-9, Radiology in the Desert: Practical Aspects of Radiology and Imaging. Location: Marriott's Camelback Inn, Resort, Golf Club and Spa, Scottsdale, Arizona. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 22.5 hours of Category I Credit.

15-17, A Symposium in Diabetes Care. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Michigan Diabetes Research and Training Center, Michigan Affiliate of the American Diabetes Association. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

23-24, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909

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Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

APRIL

19-20, Office/ER Ultrasound. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 11.75 hours of Category I Credit.

21-22, Stress EKG. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

MAY

19-20, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24-26, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

JUNE

15-16, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

22-23, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

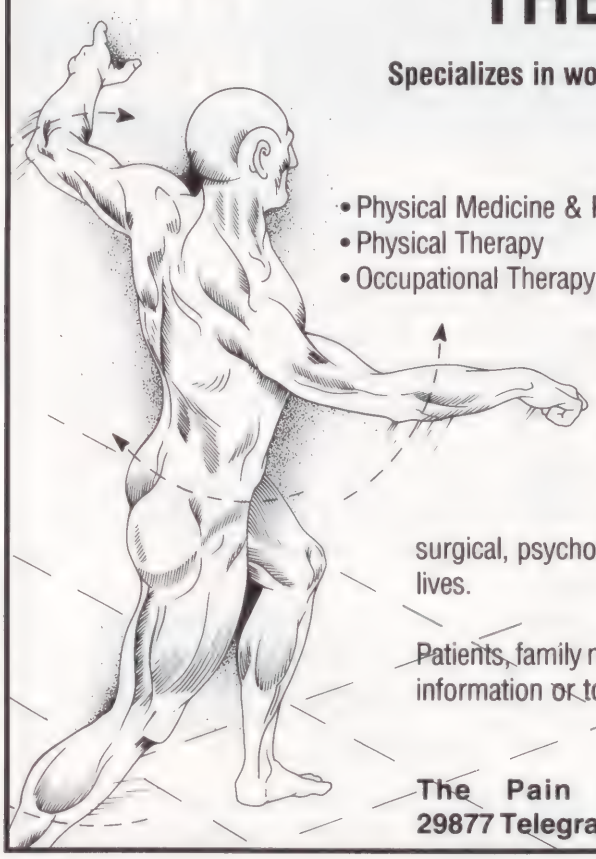
JULY

14-15, Sclerotherapy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michi-

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CATEGORY I COURSES

Continued from previous page

gan, 48640, 1-800-462-2492. **Approved for:** 11.25 hours of Category I Credit.

AUGUST

9, Flexible Sigmoidoscopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

9-10, Colonoscopy/Common Anorectal Disorders/Hemorrhoid Treatment. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

11-12, EGD (Gastroscopy). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

24-25, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

26, Vasectomy (No-scalpel technique). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

SEPTEMBER

14-16, Cancer Prevention and Screening. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.0 hours of Category I Credit.

OCTOBER

6-7, OB Ultrasound. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

26-28, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr.,

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NOVEMBER

3-4, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

16-17, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

18, Advanced Suturing. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 4.0 hours of Category I Credit.

DECEMBER

1-2, EGD (Gastroscopy) Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

7-8, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

9, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

10, Advanced Colposcopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 7.5 hours of Category I Credit. ■

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ADVERTISING INDEX

Allied Office Interiors 18
Arthur James Cancer Center 11
Basha Diagnostics, PC 61
Binson's Hosp. Equipment 61
Birmingham Imports 10
Blue Cross Blue Shield 19
Cellular One 40
Civitec 6
Comerica 15
CompHealth 44
Curare 58
Cyber Systems 42
DMC Rehab Institute of MI 31
DMC Health Centers 57
Doctor Chioda 62
Foote Hospital 56
Great Lakes FSBC 60
Great Lakes Medical Equipment 43
Harper Associates 59
Health Fit 62
HPSC 41
Inter'l College of Surgeons 51
Keyboard World 45
Meadowbrook ..... IBC
Medical Billing Corp. 8
Medical Billing Service 2
Mercer, Inc. 14
Michigan Beef Council 52
Michigan Trauma Center 61
MPMLC ..... BC
MSMS AIDS Education Project 30
MSMS Group Insurance Trust 49
Naperville Hummer 48
Naples Realty 58
Oakwood Downriver 60
Pain Institute 55
Palisades Pharm 38
PC Medical 61
Physician Service Group 1
Physicians Leasing 54
Physicians Recovery Network 22
PICOM ..... IFC
Pincus 53
Premier 41
Professional Practice Sales 59
Rehab Institute 50
Sisters of St. Joe 62
St. Francis Inc. 46
Stratton Cheeseman & Walsh 16
Target Stores 39
Three Rivers 62
Trans National 4

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PRESIDENT'S PAGE

A personal letter is powerful stuff

By Jack L. Barry, MD



It's amazing what a single, personal letter can do. It's powerful stuff.

I received one the other day, addressed to me as MSMS president, that corroborates, confirms and supports what I have been preaching about unity and grassroots political activity over the years. It's short and to the point, but it's one of the most heartening letters I have ever received.

It's a letter from George A. Williams, MD, a partner in Associated Retinal Consultants, PC, in the greater Detroit area. He is a member of MSMS and president-elect of the Michigan Ophthalmological Society. Both groups were extremely active in protecting our patients by helping to defeat the optometric expanded scope of practice bill in September.

In his letter, Doctor Williams said he believes MSMS's efforts to defeat this bill were "crucial" to keeping the bill from coming up in the Senate Health Policy Committee.

"Thank you, again, for supporting the position of the Michigan Ophthalmological Society," he wrote. "As *fellow members of MSMS*, we will continue to oppose Senate Bill 493."

Doctor Williams' phrase, "As fellow members of MSMS," gladdens my heart.

Time and again I have tried to drive that message home; that we physicians must *work together* for the benefit of our patients and profession. We are a powerful force when we stand side-by-side for what is right. MSMS and MOS members made so many phone calls and sent so many letters and mailgrams that legislators were begging us to call off our troops. It was a concerted effort, and it paid off. The bill won't be back for consideration until after the elections, and even then its prognosis is dubious.

This is just one example of how *all of the specialties* and the Michigan State Medical Society can double, triple and quadruple our strength by banding together for a common goal. We are not just ophthalmologists, family physicians, surgeons, radiologists, psychiatrists and on and on and on. We are all *doctors of medicine*, and we are all members of the Michigan State Medical Society. And we all have our patients' best interests at heart.

Whenever an issue comes up that works to divide us by specialty, we must work that much harder at coming together to overcome the potential divisiveness. MSMS always will be here to serve both as neutral ground and as a catalyst to help specialty societies work out problems. A place to begin is in our MSMS Committee of Specialty Society Presidents chaired by MSMS Past President Thomas C. Payne, MD. Ask your officers if they regularly attend. If not, please encourage them to do so.

And as the optometric scope issue proves, it's not just solving divisional problems that MSMS is good at. MSMS has the resources and clout to help your specialty society achieve its goals, maybe with a Blue Cross Blue Shield of Michigan issue, maybe with a legislative issue. We relish the idea of working jointly with any one of our 35 recognized specialty societies.

So, thank you, Doctor Williams for your letter. Please consider this President's Page an open "thank you" note to you and the Michigan Ophthalmological Society for your unceasing efforts on behalf of our patients in Michigan.

I hope I get to swap "thank you's" with many more specialty societies as the months go by. ■

Doctor Barry is MSMS president.

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MICHIGAN MEDICINE

DECEMBER 1994
VOL. 93, NO. 12

Award-Winning Journal of the Michigan State Medical Society

COVER STORY

Health System Reform-- A witty look at why it failed

Also included:

Spotlight on Genesee County

Annual Scientific Meeting photo highlights

Medical Opportunities in Michigan (MOM)

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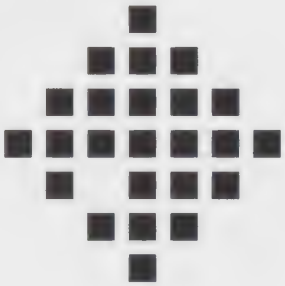
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MICHIGAN MEDICINE

DECEMBER 1994 VOLUME 93, NO.12

Award-Winning Journal of the Michigan State Medical Society

Cover Story

Why did efforts to reform our nation's health care system fail in 1994 and what is needed to achieve *real* reform? This month's cover story attempts to provide answers to these very tough questions. Ross Rubin, JD, vice president of legislative activities for the AMA, tackles the first question by providing numerous reasons for why health care reform failed. In his own witty and inciteful style, Rubin identifies many key flaws in President Clinton's approach to reform. Following Rubin's article, is a thoughtful examination of the doctor/patient relationship by Oliver W. Grin, MD, a Grand Rapids neurosurgeon. In his article, Doctor Grin attempts to identify what is needed to achieve "real" health care reform.

Page 18



FEATURES

15

Medical Opportunities in Michigan (MOM)

A new system created by the Michigan Health Council helps change the way physicians are recruited. The first "physician controlled" career matching system of its kind, physicians can now access career information 24 hours a day, seven days a week.

By Jeffrey T. Towns

30

Medicine People

This month's column details the adventures of John Ylvisaker, MD, who flew solo on his Piper Comanche airplane to Norway. Also included is a story about Stephen Werner, MD, and his experiences as a long-standing member of the Pine Knob Ski Patrol.

35

Board of Medicine Actions

Also featured in this issue: Debut of the *MSMS Joint Section News*. Look to this new quarterly newsletter in *Michigan Medicine* for the latest information about the Society's five member sections: international medical graduates, hospital medical staff, young physicians, resident physicians and medical students. This newsletter appears as an insert between pages 16 and 17 of this issue.

DEPARTMENTS

7 MSMS on the Move

9 Legal Briefs

10 County Spotlight

36 New Members

38 Obituaries

39 Category I Courses

43 Meetings

44 Classifieds

47 Advertising Index

48 President's Page

In next month's issue:
1995 MSMS Membership Directory

Cover illustration by: *Robert L. Brent*

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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editor nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. **Michigan Medicine** reserves the right to accept or reject advertising copy. Products and services advertised in **Michigan Medicine** are neither endorsed nor warranteed by MSMS, with the exception of a few.

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MSMS "Making the Rounds" visits Beaumont Hospital-Royal Oak

William Beaumont Hospital-Royal Oak hosted "Making the Rounds" for its 1,200-member medical staff on Nov. 14. The program was sponsored by MSMS, Oakland County Medical Society, and the Michigan Physicians Mutual Liability Company. MSMS, OCMS and MPMLC staff were on hand to provide doctors information on medical economics to risk management. Among the physician leaders present at the meeting were: Medical Chief of Staff Ronald B. Irwin, MD; MSMS Board Chair W. Peter McCabe, MD; MSMS Board Vice Chair Peter A. Duhamel, MD; and MSMS Board member John H. McLaughlin, MD.



MSMS Board Chair W. Peter McCabe, MD, addressed members of the Beaumont Hospital medical staff as part of the "Making the Rounds" program held at the hospital November 14.

Since the "Making the Rounds" program was launched last summer, MTRs have been held at eight hospitals. These hospitals include: Blodgett Medical Center, Grand Rapids; Heritage Hospital, Taylor; Munson Medical Center, Traverse City; Bronson Hospital, Kalamazoo; Holy Cross Hospital, Detroit; Bon Secours Hospital, Grosse Pointe; Northern Michigan Hospitals, Inc.; William Beaumont Hospital, Royal Oak.

Following is a list of upcoming MTRs: **Port Huron Hospital** - December 6; **William Beaumont Hospital**, Troy - December 12; **Pawating Hospital**, Niles - February 2; **Lakeview Community Hospital**, Paw Paw - February 15. For more information, or to schedule an MTR at your hospital, contact F.B. "Tom" Plasman at MSMS at (517) 336-5724.

MSMS Health Education Foundation awards $20,000 in grants

Five Michigan groups will continue their health education and services to Michigan citizens thanks to many physicians. Those doctors contributed to the MSMS Health Education Foundation, which recently awarded nearly $20,000 in grants. The money will go to groups in 1994-1995, making possible distribution of a range of health services and information from respite services for families with disabled children to lectures for medical students by women physicians. The Foundation, a nonprofit charitable organization funded by physician contributions, awards similar grants each year. For more information about the Foundation, contact Dawn Reha at MSMS at (517) 336-7589.

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517-337-1351.

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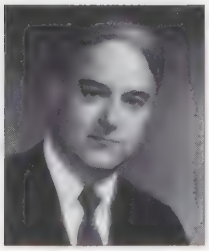
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Court of Appeals decision in "Premier Plus" has wide ramifications

By Richard D. Weber

The Premier Prudent Laboratory Use Program ("Premier PLUS") is a diagnostic laboratory network pilot program developed, marketed and implemented by Blue Cross Blue Shield of Michigan (BCBSM). Under the program, BCBSM administers a General Motors Corporation employee benefit plan under an "administrative services only" ("ASO") contract. BCBSM receives a fee for administrating the program but does not act as an insurer for the General Motors employees. The program established a panel of six provider laboratories, to the exclusion of all others, which agreed upon discounted prices.

Physicians who referred blood specimens to non-panel laboratories would not receive the $3 handling fee, and non-panel laboratories would be reimbursed only 50 percent of the payment schedule. In addition, the program differentiated between standard and non-standard laboratory procedures. Physicians who performed non-standard procedures would be reimbursed at 50 percent of the maximum fee schedule.

Excluded laboratories and physicians asserted multiple claims against BCBSM, including violation of Act 350, the Prudent Purchaser Act, and the Michigan Antitrust Reform Act, along with common law breach of contract and tort claims. On September 6, 1994, the Michigan Court of Appeals, in a 2 to 1 decision, held that the Employee Retirement Income Security Act ("ERISA") preempted all claims and dismissed the case. The court further held that the ERISA savings clause exempting state laws that regulate insurance from the preemption doctrine does not apply for the reason that BCBSM was not acting as an insurance company, but rather the administrator of the General Motors plan.

An enlightened dissent was written by Judge Helene N. White. Judge White disagreed with the majority and opined that neither the breach of contract or tort claims, nor the claims under the Preferred Provider Act were preempted by ERISA. Judge White further opined that the legislature chose to regulate BCBSM in recognition of the economic power wielded by it and other similar organizations. She further found that Congress did not intend that BCBSM's activities, comprehensively regulated under state statue, must go unregulated and unchecked when the activity involved is the formation, implementation and administration of an ERISA plan, when these activities would otherwise be regulated if the underlying plan was not an ERISA plan.

An application for leave to appeal will be filed with the Michigan Supreme Court. MSMS is filing an amicus curiae brief in support of reversal of the Court of Appeals decision.

This case has wide ramifications for the reason that its holding exempts BCBSM from any state regulation or private contract and tort claims in virtually all of its ASO activities. It is true that state laws that "relate to" employee benefit plans are preempted by ERISA, unless the activity falls within the savings clause of the federal legislation, which exempts form preemption state laws that regulate the business of insurance, banking or securities. On the other hand, MSMS will argue that it was never Congress' intention to preempt regulation of BCBSM in all aspects of its activities under ASO contracts; nor was it Congress' intention to preempt state private causes of action for breach of contract or torts against BCBSM or any other organization administering an employee benefit plan. ■

Dick Weber is an attorney with Kerr, Russell & Weber, Detroit and serves as legal counsel to MSMS.

SPOTLIGHT

Genesee County Medical Society helps organize fundraiser

US Surgeon General serves as keynote speaker

By Tom Seely



Seated from left to right: Vivian Lewis, MD, Joycelyn Elders, MD, U.S. Surgeon General, and Sharon Dowd, MD. Doctor Elders spoke in Flint on September 20, 1994 at a fundraiser for the Children's Wish Fund and Resources United To Help (R.U.T.H.).

"I want to change the way we think about health by putting prevention first. I want to change the behaviors and attitudes of Americans by promoting programs and policies which will enable each of us to be responsible for our own health. I want to be the voice and the vision of the poor and the powerless. I want to change concern about social problems that affect health into commitment. And I would like to make every child born in America a planned and wanted child."

Those were the words of US Surgeon General Joycelyn Elders just prior to her confirmation by the US Senate back in the fall of 1993. They are also the words she shared with members of the Genesee County Medical Society (GCMS) and the public during a special fundraiser held in Flint in September of this year.

The fundraiser, sponsored by Genesys Health System, Healthy Students 2000 and Hurley Medical Center, was held to benefit the Children's Wish Fund and Resources United To Help (R.U.T.H.). Doctor Elders was the featured speaker.

"Doctor Elders was absolutely energizing to the entire assemblage. Her ideas were innovative and exciting. She carried the room," says Peter A. Levine, GCMS executive director.

Two active GCMS members, Vivian Lewis, MD, and Sharon Dowd, MD, were instrumental in organizing the fundraiser.

The Children's Wish Fund was established to respond quickly to the wishes of Genesee County residents less than 18 years of age who are diagnosed with a life-threatening illness or who are seriously affected by chronic illness. "It is a very good and compassionate program for children with life-threatening illnesses," says Doctor Lewis. "It caters to the needs of the children and is very uplifting to their spirits."

"Doctor Elders' presentation was very well received by the audience," says Doctor Dowd, Children's Wish Fund, Genesee County. "Her familiarity with the Flint area, the people and the Children's Wish Fund helped her relate well with the attendees."

The over-300 person audience was well mixed with physicians, many of whom are members of the Genesee County Medical Society. Several members of the general public also came to hear Doctor Elders.

"Doctor Elders was earnest and is very concerned about the health status across the country," says Doctor Lewis. "I thought she was an excellent speaker who truly believes in what she is doing and I was extremely impressed at her credentials." ■

Tom Seely is chief of physician outreach programs for MSMS. If you would like the activities of your county medical society featured in a future issue of Michigan Medicine, *please contact Tom Seely at MSMS at 517/336-5770.*



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1994 MSMS Annual Scientific Meeting Highlights

Nearly 600 physicians attended the 1994 MSMS Annual Scientific Meeting held November 3-5 at The Dearborn Inn, Dearborn. New this year was a slimmer menu of course offerings designed to meet physicians' CME needs in a shorter period of time. Following are photo highlights of the meeting.



1994 MSMS Annual Scientific Meeting Chair Tama D. Abel, MD, said she was pleased with this year's meeting. "While the downsizing was good, we still maintained a variety of courses."



Nearly 50 exhibitors provided information on pharmaceuticals, physician services, medical equipment, insurance, computers and medical systems management. Above is a physician trying out an exhibitor's sample piece of medical equipment.





The 1994 Annual Scientific Meeting offered 32 courses in two and a half days. Topics ranged from an allergy and immunology update to basic cardiac life support.



Two free early morning plenary sessions were available in addition to CME courses. Mark I. Evans, MD, (above) with Hutzel Hospital's Division of Reproductive Genetics, talked about new technologies and procedures in genetics and pregnancy. The other plenary covered minimally-invasive surgical techniques.



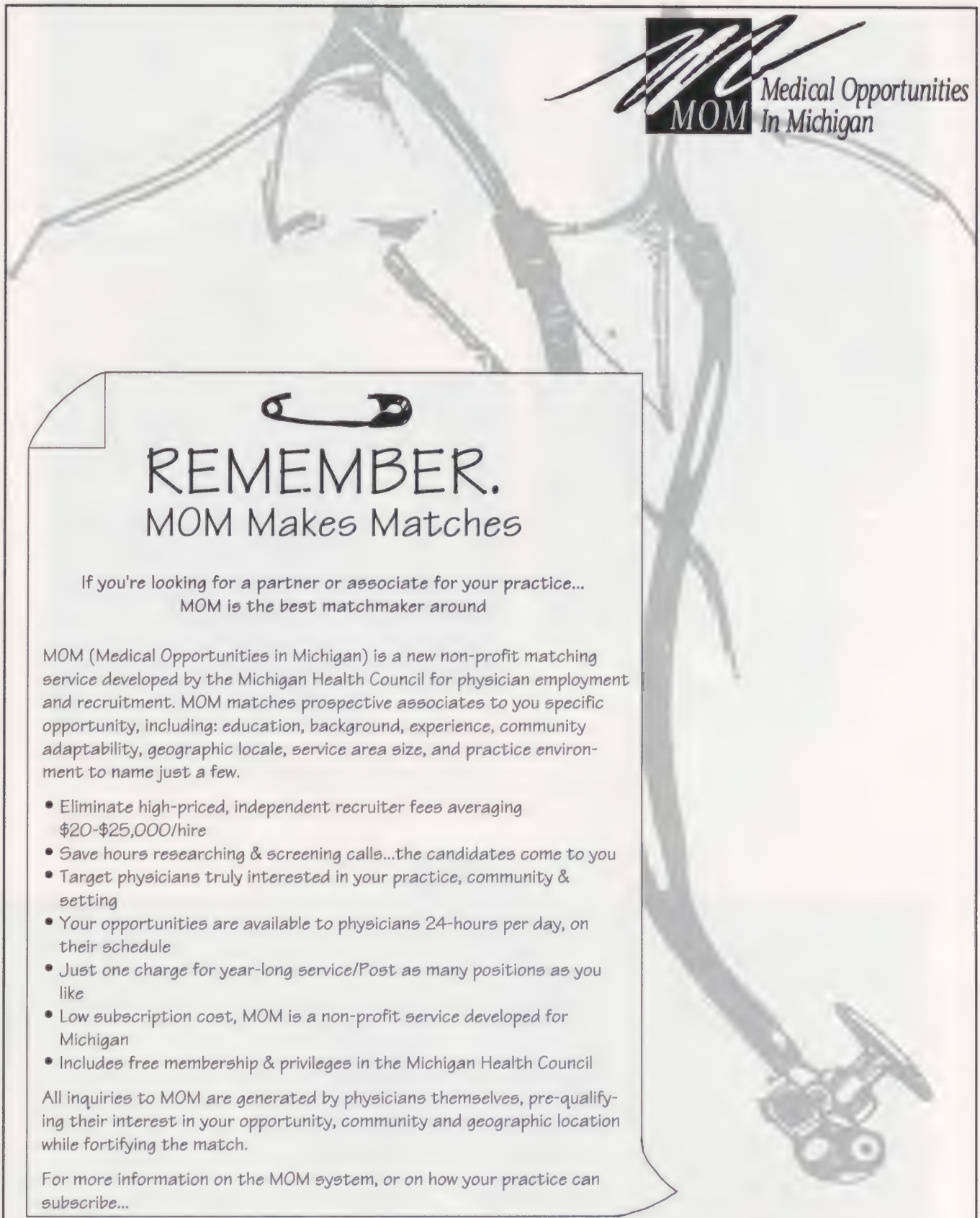
Physicians attending the MSMS Annual Scientific Meeting had ample opportunity to mingle with exhibitors and discuss their latest offerings.



Members of the 1994 Annual Scientific Meeting Planning Committee canvassed the exhibit hall meeting. Shown at left is Dorothy Kahkonen, MD. To the right is ASM Chair Tama D. Abel, MD. Directly behind Doctor Abel is Committee member David J. Millard, MD.



Physicians and their spouses took time out one evening to have dinner, relax, and hear entertaining and spirited talk about humor in medicine by Mary Fisher (above). She spoke about how doctors need to maintain a sense of humor in a profession that can be physically and emotionally demanding.



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Medical Opportunities in Michigan (MOM) is a non-profit service of the Michigan Health Council.

MOM system keeps pace with practice changes

Technology key to changing recruitment environment for state's doctors

By Jeffrey T. Towns



Physician organizations (POs) and physician-hospital organizations (PHOs) are a reality to physicians today, restructuring how a physician or group practice conducts business. One of the most commonly overlooked areas when planning for a physician or group practice is the "business" of effectively recruiting physicians to the organization.

For many, gone are the days of simply calling the medical school, colleagues or friends when your organization decides to add a physician to the practice. Physician recruitment is a difficult, expensive, time-consuming process. In many cases it requires hiring a private recruitment firm to handle the extensive search process, screening of candidates and the endless details required to provide an effective match for your practice. The cost to recruit a physician varies by specialty and demand, but the average professional recruiter fees range between $20,000 to $25,000 per placement, and do not include many of the costs associated with relocation, interview expenses, etc. This process is an exhaustive proposition for physician practices, and until now, a necessary one.

A "first of its kind" system

Over the past two years a new system has been developed. MOM (Medical Opportunities in Michigan) is the first "physician controlled" career matching system of its kind. This technological innovation was created by the 50-year-old Michigan Health Council in cooperation with a large number of health care employers, health care professional organizations, and individual physicians in Michigan. The MOM system was brought to reality, in large part, through the dedicated efforts of board member Archie Bedell, MD, PhD, and through the generous commitment of resources contributed by the Michigan State Medical Society.

What makes this system unique is the way information is organized. Physicians can access career opportunities 24 hours-a-day, seven days a week. After finding positions that interest them, doctors have the option to automatically forward their curriculum vitae (CV) through the system to the prospective employers or practices. All information is confidential because it is completely controlled by the physician.

Continued on next page

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Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.



References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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Physicians use the system because it is easy to access, updated daily, and available when they need it, an important feature where the time constraints of most doctors are concerned.

Funded through a combination of nominal subscriber fees paid by physician practices, health care organizations and a $101,500 W.K. Kellogg Foundation grant, MOM doesn't charge the physician candidates to use the system, a feature that not only encourages system use, but is applauded by candidates and system subscribers alike. Charlotte Beck, MOM's director, comments on the overall innovation and acceptance of the system: "We are already gaining national attention as MOM is the first system of its kind in the country to offer a free, physician directed, computerized alternative to traditional recruiting methods," she says.

A shining example of teamwork

MOM not only represents a solution to some of the recruitment hurdles Michigan faces in the development of POs and PHOs, but is a shining example of another major way physicians and health organizations are working together in our state for solutions to their problems.

The service benefits greatly from the stability of the Michigan Health Council (MHC). The network of support, brain power and experience the MHC brought to the system's concept design contributed to its early acceptance as a viable system. The task of software development was assigned to KIOSK Information Systems of Ann Arbor, MI, a company specializing in the development of high-tech, interactive computer application software and systems.

The MOM system represents innovation and forward thinking as Michigan prepares for what industry experts predict will be a serious shortage of medical professionals in a variety of practice areas in our state. By creating a central source for medical career opportunities, the doors to practice choices open wider to Michigan doctors, no longer limited by selective sources of information. The more options physicians looking into private or group practice have, the greater the opportunity exists for a comfortable, secure relationship with a new organization or partner. For both the practice and the physician that security is a reassuring consideration in today's alphabet soup of health care organizations.

For additional information on how your practice can subscribe to MOM, or for details on using the system, call Medical Opportunities in Michigan at 1-800-479-1MOM. ■

Jeffrey Towns is associate director of MOM.

MSMS

JOINT SECTION NEWS

A Quarterly Publication of the Michigan State Medical Society • December 1994

Welcome to the first issue of the MSMS Joint Section News, a quarterly publication of the Michigan State Medical Society.

Four times per year, the MSMS Joint Section News will appear in Michigan Medicine with the latest news about the events and happenings of the Society's five member sections. These sections include: international medical graduates, hospital medical staff, young physicians, residents and students. We hope you find this newsletter interesting and informative. Comments and suggestions about this and all future issues of MSMS Joint Section News are encouraged. Simply jot them down and send them to Betty McNerney, Editor of Publications, P.O. 950, East Lansing, MI 48826-0950.

MSMS JOINT SECTION MEETING TO BE HELD IN MARCH

The Third Annual MSMS Joint Section Meeting will be held March 3-4, 1995 at the Ritz Carlton, Dearborn. The meeting will bring together delegates representing the MSMS Sections for Hospital Medical Staff, International Medical Graduates, and Young Physicians.

The two-day meeting will begin with an early bird cocktail reception on the evening of March 3. Concurrent governing council meetings will be held immediately following the reception.

The meeting will get underway March 4 with a continental breakfast, followed by a joint opening session and orientation. Each section will then break off into concurrent reference committee hearings and other business. Delegates will then gather for a joint luncheon where they will hear two guest speakers. Cathy O. Blight, MD, member, AMA Ad Hoc Consortium on the Federation of Medicine Study, will discuss "Reshaping the Federation of Medicine." Following her presentation will be Nancy L. Dickey, MD, vice chair, AMA Board of Trustees, who will discuss "Organized Medicine in the Age of Managed Care."

Following the luncheon presentations, each section will then break off into concurrent meetings for the remainder of the day.

Staff liaisons for these sections include: Betty McNerney, International Medical Graduates; Tom Plasman, Hospital Medical Staff Section; and Deborah Zannoth, Young Physicians. Individuals seeking additional information regarding the meeting are encouraged to contact these MSMS staff members. Their direct dial numbers are: Betty McNerney, (517) 336-5749; Tom Plasman, (517) 336-5724; and Deborah Zannoth, (517) 336-5763.

OPEN LETTER FROM GARY D. MAYNARD, MD SPEAKER, MSMS HOUSE OF DELEGATES

The MSMS Joint Section Meeting is *the* forum for introducing and debating issues of importance to specific member sections. Many of the resolutions adopted at this meeting are brought before the MSMS House of Delegates for discussion in May. Those approved by the MSMS House of Delegates become MSMS policy. Those resolutions adopted by MSMS often go

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before the AMA House of Delegates and become AMA policy.

A thought or wishful thinking presented in the form of a well-drafted resolution can go a long way.

As Speaker of the MSMS House of Delegates, I encourage you to start thinking about issues important to you and then draft a resolution(s) for debate at this meeting. I also encourage you to get involved. If you are interested in serving as a delegate for your section, contact your county medical society executive or the MSMS staff liaisons listed above.

NANCY W. DICKEY, MD TO SERVE AS KEYNOTE SPEAKER

Nancy W. Dickey, MD, vice-chair, AMA Board of Trustees, will serve as the keynote speaker at the Third Annual MSMS Joint Section Meeting slated for March 3-4, 1995. A board certified family physician from Richmond, Texas, Doctor Dickey will address delegates from the Sections for International Medical Graduates, Hospital Medical Staff, and Young Physicians during lunch on Saturday, March 4. The topic of her discussion: "Organized Medicine in the Age of Managed Care."



Doctor Dickey is a graduate of the University of Texas Medical School at Houston, where she currently serves as associate professor of Family Practice and Community Medicine.

INTERNATIONAL MEDICAL GRADUATES SECTION

Edgar P. Balcueva, MD, chair



Several projects are in the works for members of the MSMS Section for International Medical Graduates. They include:

■ **Development of an MSMS-approved System for English Language Training.** Developing an English Language Training program for IMGs has been a top priority for the MSMS IMG Section in recent years. Last fall, the MSMS IMG Section Governing Council met with five language experts (three of whom were from the University of Michigan English Language Institute), to solicit their professional advice on accent training/language development. After careful study and extensive discussion, the Governing Council determined that the best thing it could do would be to identify existing language training programs that would best suit the needs of IMGs. This would be done with the help of a hired consultant. Once the programs were identified, the MSMS IMG Section would make this information available to IMGs, as well as program directors, medical directors, etc. It is the hope of the Governing Council that this project will be completed by the Fall of 1995.

■ **Continuation of focus group meetings around the state.** These meetings have been most successful in recent years in generating enthusiasm among IMGs about organized medicine. Meetings for early 1995 are now being planned. If you would like a focus group to be held in your county, please contact Betty McNerney at MSMS at (517) 336-5749.

■ **Continuation of assistance to IMGs who have grievances** through the Section's grievance committee process.

■ **Continuation of assistance to IMGs who participate in Match Day** but do not get matched via the Section's Post Match Day Matchmaking Program.

Members of the IMG Section Governing Council include: Edgar P. Balcueva, MD, chair; Rojan Samudrala, MD, vice chair; Timothy B. Aiken, MD, secretary/treasurer; Orlando Sison, MD, and Amitabha Banerjee, MD, members at large; Allan C.D. Brown, MD; delegate; Kenneth A. Jordan, MD, alternate delegate; J. Alan Robertson, MD, and B. Srinivasan, MD, proctors.

HOSPITAL MEDICAL STAFF SECTION

Edward J. Rutkowski, MD



The MSMS Hospital Medical Staff Section is focusing on two major projects: the MSMS/MPMLC "Making the Rounds" program and the MSMS Medical Staff Officer Program.

Making the Rounds

MSMS, the Michigan Physicians Mutual Liability Company (MPMLC) and county medical societies recently developed the "Making the Rounds" (MTR) program to get both organizations more "connected" to physicians in their home areas. It was initiated at the general meeting of the medical staff of Blodgett Memorial Medical Center, Grand Rapids, in May 1994. The MTR program is designed to bring MSMS, MPMLC and county medical society experts into the hospital for an entire day and to present during the general meeting of the medical staff.

At press time, MSMS, MPMLC and county medical society MTR teams had presented to the medical staffs of eight hospitals. They include: Blodgett Medical Center, Grand Rapids; Heritage Hospital, Taylor; Munson Medical Center, Traverse City; Bronson Hospital, Kalamazoo; Holy Cross Hospital, Detroit; Bon Secours Hospital, Grosse Pointe; Northern Michigan Hospitals, Inc.; William Beaumont Hospital, Royal Oak.

During the first part of the program when the MTR team of experts field questions from physicians, the team has consulted with 35 medical staff members to as many as 61 regarding a myriad of MSMS, MPMLC and county medical society activities. The subjects of greatest interest to physicians were:

- what may happen to medical liability reform;
- the Alliance for Judicial Accountability;
- learning what physicians in other parts of the State are doing to respond to health system and business coalition reform;
- physician organizations; and
- a beginning interest in practice/risk management activities.

During the second part of the program, MSMS has scheduled for each general meeting of the medical staff presentations discussing the medical liability environment in Michigan, legislative advocacy for MSMS physicians, the changing health care delivery system, and a potpourri of other topics.

Following is a list of upcoming MTRs: **Port Huron Hospital** - December 6; **Pawating Hospital** - Niles - February 2; **Lake View Community Hospital** - Paw Paw - February 15; and **McLaren Regional Medical Center** - Flint - May 11.

MTR programs tentatively scheduled include: **North Ottawa Community Hospital** - Grand Haven - January 16; **William Beaumont Hospital** - Troy - February/March; **Hutzel Hospital** - February/March; **Three Rivers Area Hospital** - Three Rivers - March 15; **Hackley Hospital** - Muskegon - April 17; **Hurley Medical Center** - Flint - May 18; and **Harper Hospital** - Detroit - November 7.

For more information, or to schedule an MTR at your hospital, contact F.B. "Tom" Plasman at MSMS at (517) 336-5724.

MSMS Medical Staff Officer Program

MSMS and the county medical societies must be able to move with their physician membership and simultaneously must move their physician membership.

There are medical staff officer or officer-affiliated positions with which ongoing liaisons are to be established, these being:

- Chief of staff (president);
- Chief of staff-elect (president-elect)
- the Section representatives (HMSS, IMG, Young Physician); and
- the medical staff office coordinator (administrative secretary), national or Michigan Association of Medical Staff Services.

To establish a liaison, a relationship of trust and collegiality, MSMS staff will establish four regularly scheduled appointments to either meet with the medical staff officers or FAX information. The program's goal is that there be minimally one meeting, and, preferably, two meetings each year with each officer.

MSMS expects to launch this program in January 1995.

Members of the MSMS HMSS Governing Council include: Edward J. Rutkowski, MD, chair; John H. McLaughlin, MD, vice chair; B.L. Pederson, MD, secretary; Robert G. Borchak, MD, and James E. Kackley, MD, members at large; John A. Rupke, MD, delegate; and Hassan Amirikia, MD, alternate delegate.

YOUNG PHYSICIAN SECTION

Karl J. Edelmann, MD, chair

Plans are now underway for the 7th Annual Meeting of the YPS March 3 & 4, 1995, in Dearborn. Letters will soon be sent to all county and specialty society presidents seeking representatives for the section. If you are interested in being involved, please contact Deborah Zannoth, chief, Membership Development, at (517) 33605763. This is also true for any young physician wishing to serve on an MSMS committee.

At press time, the Section was planning for the AMA/YPS Interim Meeting slated for early December. Current AMA/YPS Chair Tama D. Abel, MD, former MSMS/YPS chair, was very busy and looking forward to a productive meeting.

At the AMA House of Delegates in Chicago last June, 25 reports and resolutions of interest to young physicians were monitored or received AMA-YPS testimony. If you have any questions regarding this material, do not hesitate to contact Jonathon L. Burkhart, director, Department of Young Physician Services, 1-800-262-3211.

Members of the YPS Governing Council include: Karl E. Edelmann, MD, chair; Carol van der Harst, MD, vice chair; David Barrett, MD, at-large member; Diane L. Morris, MD, delegate; Laura Carravallah, MD, alternate delegate; Gregory L. Walker, MD, secretary; and Douglas L. Colberg, MD, immediate past-chair.

RESIDENT PHYSICIAN SECTION

Pino Colone, MD, chair

Michigan was well represented at the 1994 MSMS House of Delegates meeting in Dearborn and at the AMA Resident Physician annual assembly in Chicago. Philip Boyer, MD, served as the RPS delegate at the MSMS House of Delegates and served on a reference committee. Ten delegates went to the AMA-RPS meeting in June, where they presented a resolution and testified on several issues.

U-M residents host program on GME and health system reform

The University of Michigan House Officers Association and the MSMS-RPS co-sponsored a February forum entitled, "Graduate Medical Education: How Health System Reform Will Affect Residents." Over 25 residents heard how the various reform proposals were addressing GME issues and participated in a discussion on how residents can influence policymakers. If you are interested in hosting an educational program at your institution, contact Julie Lester at MSMS at (517) 336-5768.

Members of the MSMS-RPS Governing Council include: Pino Colone, MD, chair; Wendy L. Larson, MD, vice chair; Partha S. Nandi, MD, secretary; Julia Gardner, MD, treasurer; Philip J. Boyer, MD, PhD, delegate; and Michael D. Chafty, MD and Atul Shah, MD, members at large.

MEDICAL STUDENT SECTION

Michael App, chair

The medical student sections on each campus are quite active this year. Recruitment has gone very well and a number of activities have been planned for each campus. The Wayne State chapter held its annual October-fest on October 21 and a good crowd was on hand. Both the University of Michigan and Michigan State University have a number of upcoming events planned over the next year.

At press time, the Section was preparing for the December AMA Interim Meeting and is celebrating the AMA's recent victory on student loan deferment. The reversal of unfair final regulations implementing the recent reauthorization of the Higher Education Act is now on its way to President Clinton for signature.

Strategic calls by membership of the Medical Student Section, the Resident Physician Section, the AMA Washington Office and other physician organizations were instrumental in the final resolution of an appropriate definition of "economic hardship" pertaining to student loans.

Members of the Medical Student Section Governing Council include: Michael App, chair, WSU; Kimberly Chambers, vice chair, MSU; Vic Mali, secretary, MSU; Deniz Altug, MSU; Lee Benjamin, WSU; Jennifer Bookstein, WSU; Niketa Dani, MSU; Brian Dorner, U of M; Michael Lee, U of M; Yann Karabatsos, MSU; and Douglas Shook, MSU.

MSMS JOINT SECTION NEWS

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GIVE THEM WHAT THEY WANT
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Health System Reform: What Went Wrong?



Why did efforts to reform our nation's health care system fail in 1994 and what is needed to achieve *real* reform? This month's cover story attempts to provide answers to these very tough questions. Ross Rubin, JD, vice president of legislative activities for the American Medical Association, tackles the first question by providing numerous reasons for why health care reform failed. In his own witty and incitful style, Rubin identifies many key flaws in President Clinton's (and other member's of his Administration) approach to reform. Following Rubin's article is a thoughtful examination of the doctor/patient relationship by Oliver W. Grin, MD, a Grand Rapids neurosurgeon. In his article, Doctor Grin attempts to identify what is needed to achieve "real" health care reform. ☞



Why Health System Reform Failed

A lighthearted view

By Ross Rubin, JD

With the close of the legislative session in early October, it was a good time to take stock of what happened to the effort to pass major comprehensive legislation to reform the nation's health care system. As early as 1989, the American Medical Association was calling for a program that would deal with problems facing the nation's health care system. It was in that year that the first version of Health Access America was published. However, the Bush Administration decided to wait for it's second term to begin work in this area.

Who would have believed, after President Clinton's victory in 1992 and his early strong call for health system reform that the end of the 103rd Congress would not see any product in this area? Not many people would have predicted this outcome. Over the course of the two-year debate, I have answered the question, "What happened to Health System Reform?" with one or more of the following reasons. While any one of these events or people did not provide the knockout blow, the totality provided sufficient drag to stop the process.

Reasons 1 & 2: The Clintons

Bill and Hilary, not Chelsea. Bill for appointing the non-political, non firable Hilary. Hilary for not understanding the politics of legislation is different from a campaign and not realizing that DC is not Little Rock and for hiring Ira. Both Bill and Hilary for not realizing that along with substance, *"It's the process, stupid."*

Reasons 3-5: Foreign Affairs

Somalia, Bosnia, Haiti and other foreign misadventures called into question the President's abilities and delayed action on reform at various steps of the process.

Reasons 6-10: Scandals

House Bank - Weakened leadership in the House, especially Speaker Foley. Major factor into huge freshman class.

House Post Office - Again called leadership's abilities into question and ruined the career of Dan Rostenkowski. (Why steal stamps when you're the chair of the Ways and Means Committee?)

Whitewater - Bad real estate deal consumed huge amounts of media attention and made the Administration look bad. With friends like that, who needs enemies. (See Roger Altman below.)

Hilary's Commodity Trades - Buy low, sell real high. Tarnished her image early in the game. At opening day of the Cubs in 1993, fans were rushing up asking for advise on cattle futures, not on health system reform.

Paula Jones and the Arkansas Troopers - Not a band, but this lets the American people know they can really rock and roll in Arkansas.

Reasons 11-18: Personalities

Dan Rostenkowski - (Also see scandals.) His indictment forced him to give up the chair of the House Ways and Means Committee. This resulted in the Committee reporting a bill offered by Rep. Pete Stark (D-CA) that would have expanded the Medicare program from its current 30 million enrollees to a possible 100 million, with global budgets and price controls on the private sector. New Chair Sam Gibbons (D-FL) could not develop a more political package.

Mike Espy - Agriculture Sec. whose habits of taking gifts from Arkansas chicken producers and using government funds for private benefit distracted the White House at a critical time.

Harry and Louise - The health insurance industry's personification of America's ambivalence about massive health system reform, their tag line "There's got to be a better way," started the public thinking about the changes they were likely to see.

Daniel P. Moynahan (D-NY) - Chair of the Senate Finance Committee from the President's own party says that the financing for the President's bill looks like it was created in that part of America located between Tomorrowland and Frontierland: Fantasyland. This from the President's party.

George Mitchell (D-ME) - Effective Senate majority leader until he announces that he is not seeking reelection and is a lame duck. Most speculate he wants to be the next Bud Selig (the man who brought the first autumn in 60 years without a World Series). Gave up position on Supreme Court to "see through health reform." Wasn't willing to move far enough to the center to pick up Republican support.

Roger Altman - Part of the Whitewater mess. Again, while not a direct player in health system reform, televised hearings in the middle of the summer again diverted the White House, (including "Dougie" Stephanopolis and Harold Ickes) from their major legislative priority.

Newt Gingrich - Confrontational Republican member of the House who will become next Republican leader. Much different than Bob Michel (R-IL) who is retiring and was much more accommodating. Will make it very hard for Democrats to have their way in the House. (See Elections.)

OJ - After 18 months of health leading every network newscast and claiming front page space, the media focused on something else. Was it a signal? OJ was more important than health reform? You bet.

Reason 19: IRA

As in Magaziner, not Irish Republican Army - A very smart guy, well known, (though his last major corporate client was WANG LABS. Have you even seen a Wang machine any place lately?) Ira recognized that this was a complicated issue, and developed a complicated plan with complicated solutions to the plan. Many observers believe that it was an interesting and constructive approach, but if any one element was changed, the entire fabric started to fall apart. This made it very difficult for political compromise. It is true that Ira's door was open, but he never really wanted to make any changes, even if he agreed that you were right. Ira also seemed to choose that command and control option whenever given the chance. This led to a 1,346-page proposal that gave tremendous power to the federal government (already weakened by scandals (see above) and other problems implementing major programs. Afterall, it took six years just to launch CLIA, it still has problems and it was lots less complex then managing the entire health care system.)

Reason 20: The Task Force

Five hundred health policy *wonks* (a '90s term for *nerd*). Secret (remember that *Wall Street Journal* running an editorial asking "Who are these 500 people?" Non-inclusive (Why do we need the AMA?) Outcome predetermined (Release of records show that there was substantial dissent, especially from Cabinet agencies [ie, The Treasury Department] and those concerns were ignored.) Real irony, after all of that sound and fury, the final plan was pretty much what the transition team had recommended after about a week of work the December before.

Reason 21: Delay

Plan was to be delivered within 100 days, but how do you coordinate 500 advisors, draft massive policy papers, have endless hours of debate and still get it done on time? Answer: You don't. Had the plan been available early, had the bill been drafted before Oc-

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Ross Rubin, JD, vice president for legislative activities, American Medical Association, briefed physician leaders on the status of reform during an MSMS "Foundations for Leadership" session held at MSMS headquarters in October.

Continued from previous page

tober of 1993, something might have been accomplished, but the world is full of should'ves, would'ves, could'ves. It wasn't. The delay brought events too close to the mid-term elections (see below) and provided enough time for the American people to learn that health system reform would not be accomplished without pain from them.

Reason 22: The Plan

As discussed above: too complex, too radical, too expensive, too long, too bad. Something for everyone to hate. Not liberal enough for the liberals and single payer supporters, not market-oriented enough for conservatives. No real liability or anti-trust reform for physicians. Not enough freedom-of-choice for patients.

Reason 23: Not What the People Wanted

When the President announced his plan on September 22, 1993, he held up a plastic card with the American Eagle on it (though some physicians tell me it looked more like the American Buzzard) and told the American people what they wanted to hear, that the card represented health care coverage that couldn't be taken away when you got sick, when you got fired or when you changed jobs. Polling showed that Americans weren't unhappy with physicians, hospitals, or even insurers. They were scared that they could be caught in the next round of layoffs, see their lifetime employment end before their lives did and be left unable to pay for treatment in a medical crisis. While the President gave them that, he also wanted to change the way Americans interact with their doctors. When they found out that was what reform was about, the people bolted.

Reason 24: Expensive

Health care for everyone sounds great until you have to pay for it. Most Americans don't want to pay, and the costs were so large that they couldn't be hidden.

Reason 25: NFIB

The National Federation of Independent Business Like Harry and Louise, NFIB was a major fly in the ointment, focusing on one issue, employer mandates. This single issue created a cascading series of failures in the financing of the plan (see The Plan, below).

Reason 26: BTU

British Thermal Unit: a measure of energy. In the 1993 budget battle, the President forced the House of Representatives to vote on a bill that had

a tax on BTUs as a major funding source. Many Democrat members of the House voted for it, at some substantial risk to their constituencies. When the bill moved to the Senate, energy state Senators protested and the President agreed. Angry House members promised to never be put in that situation again and thus BTU become a verb as in "I'll never be BTUed again," meaning I won't take an unpopular vote again until I see that there really is a deal with the Senate. In reality, this meant that House members would not vote for a health system reform bill until the Senate acted.

Reason 27: NAFTA

North American Free Trade Agreement: A Democrat president takes on big labor to push a Republican president's treaty. While not critical, it was an interesting diversion and made labor wonder about the credentials of the President.

Reason 28: GATT

General Agreement of Tariffs and Trade: It took debate time at the end of the session.

Reason 29: CBO

The Congressional Budget Office: Required to "Score" all legislation. Became the bearer of bad news. Every bill had a price tag and they were high and would add to the deficit.

Reason 30: Committee Structure

Due to the complexity of the bill, it was referred to five major committees in its entirety and more than 20 other committees or subcommittees for parts of the bill. Recipe for many hearings, long delay and divergent results.

Reason 31: The Clean Air Act

During the '80s, there was tension between House Energy and Commerce Committee Chair John Dingell (D-MI) and the chair of the Subcommittee on Health, Henry Waxman (D-CA). While both soulmates on health issues, Rep. Dingell represented Michigan and the Big Three who were fighting the Clean Air Act. Result, to keep that legislation under control, Dingell sought more conservative Democrats for his committee. The result, no bill was reported from Energy and Commerce even though its chair had introduced a National Health Insurance bill every Congress since he was elected, following in the tradition of his father who had supported national health insurance.

Reason 32: Crime Bill

Crime on the streets became the number one concern, (maybe because of OJ? See above.) But the President's crime bill was in trouble. The Black Caucus and conservatives voted against the rule for the conference report causing an almost two-week delay in consideration of health legislation.

Reason 33: Abortion

While never reaching the level of intensity that many expected, it was always below the surface, ready to cause problems. It even hurt the bus caravan last summer when pro-life groups confronted the reformers at every stop. The story became abortion, not health reform.

Reason 34: The Economy

It's the economy, stupid. It got better. People were more optimistic. No so many worried about losing their jobs and insurance.

Reason 35: The Deficit

Remember when health system reform was all about providing coverage for the 37 million without any? Then that changed to cost control? Well, just like old man river, the deficit just keeps rolling along. Toward the end of the debate, funds from Medicare cuts were not all going to be used to finance improvements in care, part were going to go to reduce the deficit.

Reason 36: Mid-term Election

At first mid-term of a presidency, the party in the White House always loses seats. With the elections now behind us, it is clear this is now the case. Gains by Republicans will make it much more difficult for the President to push through a big government plan. Also look for more deficit hawks. (See deficit, above).

Reason 38: Presidential Election

Looking forward to 1996. Question: Since the Civil War, how many Democrats have been elected to two successive terms as President? and who are they? Answer: Two. Woodrow Wilson and Frank Roosevelt. Does Bill Clinton want to be number three? You bet. So he may try to be a little more political in the next go round. ■

Ross Rubin is vice president for Legislative Activities, Department of Health Policy Development, Legislation and Advocacy, for the American Medical Association.

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Patient-Centered Care:
Empowering patients to achieve real health care reform

By Oliver Woodhouse Grin, MD, FACS

Editor's Note: The following article was prepared prior to the announcement by President Clinton that attempts to reform our nation's health care system would be abandoned for the remainder of this year. Nevertheless, the following article provides a thoughtful examination of the doctor/patient relationship and the responsibilities both physicians and patients have to improve health care in this country.

President and Hilary Rodham Clinton have made 1994 the year of "health care reform." Or is it the year of "health care refinancing reform," "health care organization reform" or the year of "health security?"

Unfortunately, as with most of the non-medical professionals who are analyzing and criticizing our health care delivery system, they have avoided dealing directly with the critical issue of health and, most importantly, ignored a crucial element in any health care reform concept—**the patient.**

Those who are struggling with making policies about this issue are, most certainly, genuinely concerned and have good intentions. Every citizen is interested, concerned, and has an opinion about what is wrong with our health care system, for **we are all patients.** It is rare to find a newspaper or news magazine which does not discuss this important topic and outline all the perceived problems ad nauseam.

Although there is sometimes a solution offered, almost always the attention is focussed on the problems of cost and availability of health care, with the proposed solution being simply to "cut fees" and/or provide everyone with "free" insurance. I believe that every one of us can—and must—be an impetus for not only maintaining the high quality of care that we receive as patients, but also in helping to make our health care more cost effective.

The Clinton's concept of a "Health Security Card" was grandly staged and sincerely offered to the country as a panacea for everyone's health care problems and concerns. Unfortunately, it was implied that having such a card will buy health. It was not explained that there can be no health coverage card, insurance plan, or health care delivery system that could ever award or guarantee health. Health is a state of being that is unique to each one of us and can be enhanced and treated during our lifetimes. It cannot be purchased or assured by any means—

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not even with "health care reform." Physicians, nurses, and other health care professionals already recognize this fact and it is imperative that we help our fellow citizens and patients to realize it, as well. This should not be viewed as a hopeless endeavor, however, but a challenge that each one of us can meet and benefit from through the effort.

As patients, we must realize that health comes from genetic predisposition, lifestyle, and risk behaviors (i.e., smoking, alcohol use, poor nutrition, deconditioning, etc.,). The major determinant of health (and health care) is not the external environment, but rather patients defining their lifestyles and how they wish to live their lives. This citizen/patient approach to health care can be applied to health care reform, health care financing reform, or to any health care reorganization. Patients do have options to enhance their well-being, but it is up to every individual to take responsibility for what they can and cannot do. Health care professionals are available to treat an illness (if that is an option) and to assist patients to recover and maintain a healthy state; they cannot guarantee success, only assist/treat and guide. It is the patient's own inherent healing capabilities, lifestyle, and risk behaviors that will ultimately determine optimum outcome.

An opportunity for positive action

If there is, indeed, a health care crisis—or any crisis— then certainly there is also an opportunity for positive action. It is human nature to try to avoid problems and pain in our lives, and that has been a driving force throughout our history. Fortunately, it has helped mankind to make wondrous discoveries and miraculous treatments for many diseases or threats to our health. Unfortunately, however, in this century, society has become too exclusively focussed on problems and in assigning blame for them, rather than accepting the fact that problems are an aspect of our human existence and can be seen as a challenge to be met—and an opportunity for growth. Our pioneering ancestors had this "forge straight ahead" spirit and it is this positive outlook, attitude and psychological grit that developed our country, our government, and the finest health care system in the world. Each of us can adopt this strategy for focussing positive energy to move past our problems to physical and emotional healing.

Biology and challenge of our immune system

Biology teaches us that disease is an inherent part of the human experience and the challenge of life is to heal and recover from disease, therefore, achieving growth and improvement in our condition. Most often, it is not the disease but our response to disease that has the greatest influence upon our health. One might say that our bodies are in constant state of healing and this results in good health, rather than the perception that we are healthy because there is no disease present in our bodies. A current cancer theory holds that each of us has certain cells in our body that are in the process of becoming malignant at any time, however, they do not become tumors because of the success of our immune system in controlling and destroying these abnormal cells. Patients who accept their disease as part of the biologic process, can achieve better self-definition and growth through this challenge. They also will be empowered and better able to work toward solutions.

A fundamental principle of the immune system is that when challenged by infection, a tumor, or any disease, its response determines the presence or absence of health. Without challenge, however, the immune system will not develop and will not generate the necessary positive reaction that results in a healthy state. In order for it to be continually effective, the immune system must be constantly challenged by disease. If never challenged, it will not develop, will not be prepared, and will not allow for perpetuation of a healthy state. Health, then, is not the absence of disease but the ability of our bodies to handle it.

Immune system and self-development

We can look at our entire existence through the example set by our immune system. In this way, we realize that challenges are a mechanism to simulate our growth and development as human beings and, in fact, are necessary for our own self-definition and survival. Opposite to a victim, a patient is an individual who is faced with an illness or traumatic event that can routinely occur during one's lifetime. Just as the immune system in each one of us can be strengthened by challenges of infection, so can we as patients who accept and endeavor to enhance our mental and physical strength by meeting adversity with motivation, determination and importantly, education.

As physicians, we have pursued medical knowledge (most often) in the absence of disease but in hopes of being prepared to help our fellow human beings when illness occurs. As patients, we also need to be prepared by becoming knowledgeable about our bodies and health, and expecting this knowl-

edge to be shared with us through education. As a result, patients must also be responsible in taking an active role in their medical decision-making. Patients who are informed and understand the logic of the immune system can apply it to their lives and, hopefully, grow in the struggle for optimum health.

Patient-centered care + education = self-empowerment

It is imperative that health care professionals recognize the need to place patients at the center of the health care process, guiding them to assume their proper role and responsibilities. A patient-centered system is a collaborative effort consisting of patients, patient's families, friends, the doctors, and other health care professionals. This can be best achieved through a comprehensive system of patient education where patients and the health care professionals collaborate as a team, share knowledge and work toward the common goals of optimum healing and recovery.

Most of us in the health care professions have only recently recognized the importance of patient education as a therapeutic tool. Appropriate patient education bridges any academic or cultural gaps, sharing knowledge and empowering patients to become active participants in their care. With the explosion of medical technology during this century, there was as division of medicine into specialties and the focus of health care shifted from a "healing philosophy" to a disease and treatment-oriented philosophy. This resulted in the physician being placed at the center of the process rather than the patient, and it was quickly reinforced by the development of insurance companies, involvement of government bureaucracy, and then our judicial system.

Patients and doctors used to relate on a one-to-one basis and communicate directly. Now, communication is often done through second and third parties who may not ever see each other in person. When the patient is at the center, communication is directed to—and from—the correct source, and ultimate decisions are made by the patient. As patients and health care professionals, we must make the effort to communicate directly with each other in the traditional sense, preserving the venerable doctor/patient relationship. This collaborative effort has proven to be a valuable therapeutic instrument for healing.

Patient education is not only an information vehicle, but it also has therapeutic benefits. On our neurosurgical services, patients who face brain surgery have the opportunity to make an interactive medical decision regarding care that is based upon conferences, patient education videos, and appropriate education books. Once a decision is made, a pre-surgical conference is held with the patient, family and friends. A collaborative team is formed and serves as an inspiration to the health care professionals.

Should a patient die, despite all efforts and technology, then this supportive community of connection and collaboration helps to make the loss more acceptable. Family members can feel the spiritual connection and shared genetics, and understand the value and meaning of one's life that is passed on to the next generation. Without a philosophy of patient-centered care based on a patient education system, this basic truth of the human experience is often lost.

Patient education and the doctor/patient relationship

The concept of community and a health care system is very important to us as Americans. Somehow, in our adversarial view of each other in recent decades, we have lost the feeling of community and the inherent strength that it brings. It is a spirit that helped to shape this country and the result of its demise is reflected by the violence in our society, as well as in the lack of courtesy with which we treat each other. Each of us make the effort to return to the community of spirit we once had and address our societal problems through individual efforts to improve and change for the better.

Patient-centered care causes us to re-evaluate the doctor/patient relationship. Until the advancement of technology during this century, the physician was as much a spiritual and emotional force for a patient as he was a physical force. The family doctor would guide a patient and family through birth, health, disease, healing and recovery, and ultimately death. He usually had all the knowledge and skills necessary to care for the patients in their home or community. The traditional doctor/patient relationship was very close and comprehensive, based on medical ethics and a bond of mutual trust and respect.

The doctor/patient relationship is one that both patients and health care providers recognize as being integral to our health care system and imperative to preserve in any health care reform concepts. I believe that patients and physicians can collaborate to preserve this sacred bond for it is one of the most enduring and important connections between human beings.

Continued on page 29

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Continued from page 27

Future health(care)

As a health care professional, I am concerned about the current efforts at "health care reform" and our ability to provide health care to us as patients in 1994 and beyond. However, I am convinced that with a patient-centered care philosophy and educational system to facilitate that philosophy, our citizens' health and the use of our health care system will be more efficient and make economic sense. The traditional doctor/patient relationship can also be restored and enable greater satisfaction by both health care providers and patients.

Lastly, with the focus on health care, I am hopeful that as a nation we can make a philosophical shift from being a nation of victims to becoming a nation of healing, solution-oriented citizens. Americans must focus on healing and "quality of survival" rather than on problems and being victims. This will require that we become, once more, a country in which community and spiritual values are important, personal responsibility is mandated, and everyone is collaborative and civil with each other. We all can have a sense of personal pride in our individual efforts for achievement.

It is my hope that we can create health care reform that will not only improve our nation's health and health care delivery system, but also give us a greater national vision—one where we are all partners in healing rather than victims of disease. We need not wait for the Clintons, our legislators, or others to implement a complicated, impersonal plan. Each one of us can make a contribution by choosing to commit to a healthy lifestyle, become knowledgeable about any illness we face through patient education, and be motivated to meet and accept life's normal challenges to our physiologic and spiritual immune systems. With such a centered, personal plan, we can all grow as individuals and as a country, continuing to maintain the best health care in the world. ■

Doctor Grin is a Grand Rapids neurosurgeon.



COMING IN FEBRUARY

Look to the February 1995 issue of *Michigan Medicine* for a profile of Senator John J.H. Schwarz, MD, who offers his insights into health care reform and what will likely be the key health care issues in the next four years.

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John Ylvisaker, MD: *Sky Chief*

By Ralph D. Ward

Performing emergency surgery is always stressful. But when you're flying at 10,000 feet, and failure will mean a crash landing, and your patient is a big leather chart bag, well, that's another sort of stress altogether. Just ask John Ylvisaker, MD.

Doctor Ylvisaker, 75 years old and semi-retired from general practice, has lived a life rich in professional and personal accomplishment. In the 1970s he served as treasurer of MSMS, and helped put the Society on a sound financial footing. In the 1980s he served a term as MSMS president. Today, Doctor Ylvisaker spends his time on consulting, developing real estate properties, and enjoying his favorite hobby — flying. "I started flying at 59," he recalls, beginning with sailplanes and moving on to powered flight shortly thereafter. "I was aware of the flexibility and ability to travel flying offered," he says. In recent years Doctor Ylvisaker has put this flexibility to fullest use, traveling to Europe twice, South America, the Caribbean, and north to the Arctic Ocean. He has flown in every state except Hawaii and California. "I don't know how I keep missing California."

Doctor Ylvisaker flies a Piper Comanche which, with a range of almost 2,300 miles, allows for some serious adventuring. Last spring, Doctor Ylvisaker's 75th birthday coincided with a major reunion/festival at the Ylvisaker family's homeland — Norway. "The reunion would be held near Bergen, in southern Norway, at a town called Sogndal [sounds like "sundial"]." Also in Norway is a Ylvisaker Peninsula region, where the doctor's family has been traced to the 12th Century. The reunion would be a major festival, drawing family members from throughout Europe and the world.

Although he had flown to Norway once before, in 1987 (when he visited the King and Queen of Sweden at their summer home), this earlier flight had included a co-pilot. Doctor Ylvisaker was intrigued with making the long flight across the North Atlantic solo. The demanding nature of the flight, and the fact that it would span several nations (including Canada and Iceland) compelled Doctor Ylvisaker to meet stringent safety rules. On a stopover in Moneton, New Brunswick, Canada, the plane would be inspected to assure that it met safety and equipment rules for a solo Atlantic crossing. "Pilots are required to have special land and water survival equipment, including a locator beacon, raft, signal flares and dyemarkers," says Doctor Ylvisaker. Overland equipment is also required because so much of the area is sparsely populated." The latter included non-perishable food, lighting and cooking equipment, a hatchet and a tent.

Well equipped, Doctor Ylvisaker set out on June 12, 1994. The first leg of the trip was uneventful, and Doctor Ylvisaker set out from Moneton, New Brunswick for his Atlantic hop. Among his kit for the flight was a large leather chart bag presented to him several years ago. The bag was stashed in the footwell in the front of the passenger's seat. It might have rested here harmlessly all the way to Norway, but it vibrated backward, jamming against a hydraulic lever in the plane's landing gear retraction mechanism. "When I got up in the air I realized that the light on my 'gear up' indicator had not come on," recalls Doctor Ylvisaker. "I asked the folks in the tower to visually check to see if my gear was up, and they said yes, but it turns out they were too far away to see clearly."

Assuming that the problem lay in a faulty landing gear light (the light had acted up before), Doctor Ylvisaker continued on his way at 10,000 feet. A while later, reaching for the chart case, Doctor Ylvisaker discovered his problem — but no ready solution. "The lever had jammed into the case, penetrating it. The lever and the case were stuck together firmly, and both were jammed against the seat, locking it on its rails so it wouldn't move." Doctor Ylvisaker's landing gear was stuck in the partially up position. If he could not free it "a belly landing would be needed," a potential disaster. Doctor Ylvisaker tried tearing the case apart, but it was made of thick quality leather, and wouldn't give. He tried poking at it with a screwdriver. No luck. He then remembered a gift given him by his son-in-law on his 75th birthday, packed in his survival gear in the rear of the plane. "It was a Gerber knife, sort of like a heavy-duty Swiss Army knife. I had thought I'd never have any use for it." Doctor Ylvisaker put the plane on autopilot, crawled into the back, and unpacked the knife. He unfolded a heavy, serrated cutting blade on the knife and set to work on the leather.

Despite having a practical tool to use, the job still proved difficult. "It took me over a hour to cut up the case. And in the process, I managed to cut my thumb, and started bleeding all over the place." He took time out to put a pressure bandage on his hand, but finally freed the case, and was able to recycle his gear. "I was even able to land at Goose Bay on schedule."

The Ylvisaker family festival in Norway proved to be well worth the adventure of getting there. Over 300 family members from Norway alone showed up in Sogndal, for several days of memorials, events, and concerts. A highlight was a choreographed dance program by family members illustrating the Ylvisaker history. Doctor Ylvisaker's trip home was less eventful, although strong headwinds slowed a trip that took 8 hours on the way over to 11 hours for the homeward leg. "At times I began to wonder if I'd have fuel to make it," he recalls.

Doctor Ylvisaker's next planned adventure? "I'd like to circumnavigate South America. It would be a fascinating trip." ■

Stephen Werner, MD: *The Schussing Surgeon*

By Ralph D. Ward

The Ski Patrol has become a wintertime legend on America's ski slopes. No matter the conditions, these skilled skiers are always on the hills, offering volunteer aid and assistance. Should you visit the slopes at Pine Knob this winter, though, and have an accident, your Ski Patrol aid could include an even higher level of care. The friendly volunteer might be an experienced physician named Stephen Werner, MD.

Doctor Werner is an orthopedic surgeon with practice limited to the hand, who practices at St. Joseph Mercy Hospital and North Oakland Emergency Center in Pontiac. Although an avid skier, Doctor Werner became involved with the Ski Patrol almost by accident. In 1988, his two teenaged sons had shown an interest in the Ski Patrol, but when the time came to begin training, one had left for college. The remaining son convinced dad to join him. "Lo and behold, I said I'd go too," recalls Doctor Werner.



Stephen E. Werner MD, (left) is flanked by three other patrollers; son Jason (far right) and wife Karen (second from right.)

The training sessions filled in Doctor Werner's knowledge of the group, and left him very impressed. The National Ski Patrol is a network of 700 chapters nationwide. Although there are a few professional groups at major ski areas in Western states, most Ski Patrol chapters are manned by volunteers. The 25,000 volunteers who make up this system are responsible for skiing being the relatively safe sport that it is. They attend 22 three-hour class sessions on such topics as First Aid, CPR, an advanced care unit known as Winter Emergency Care, toboggan

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Continued from previous page

handling (for transporting injured skiers), and, of course, advanced skiing techniques. The complete training and certification process takes about two ski seasons to complete. Annual refreshers in WEC, CPR, and ski and toboggan evacuation are also required. "People think Ski Patrollers volunteer for the free skiing," says Doctor Werner. "But a lot is demanded of volunteers. I'm not sure it's worth it just for the skiing. It's more the camaraderie, and the sense of community service. And you don't join without becoming a better skier."

Volunteers in Michigan typically work two five-hour shifts a week in season, patrolling the slopes, offering guidance, and assisting those in trouble. Doctor Werner volunteers primarily at Pine Knob Ski Resort, which is only 15 minutes from his home. The hills are also near the area hospitals, so Doctor Werner carries a beeper and "if I need to run to a hospital it's not a problem."

Despite the potential for high drama on the ski slopes, most of the emergencies encountered by the Ski Patrollers are minor. "We see lots of fractures, and about 20 percent of injuries are lacerations, abrasions and contusions." The Ski Patrol also sees a number of non-ski injuries among workers. "Workers will be shoveling snow and slip and fall—or even get hit with a shovel."

One of Doctor Werner's most interesting Ski Patrol adventures happened far away from Pine Knob. Doctor Werner and his son paid a late season visit to Searchmont Ski Resort in Ontario, and offered to sign on for a day on patrol (Ski Patrol members who reach the Senior Patroller level, such as Doctor Werner, are qualified to serve as Ski Patrol volunteers anywhere in North America). In the course of their day on the slopes, Doctor Werner and his son were called on to assist a woman who fell from a chair lift, and was then unable to stand up. "We tobogganed her to the bottom of the hill. It turned out she had an undisplaced fracture of the pelvis." The most interesting aspect of this episode was that the woman was a Rochester native, and usually skied at Pine Knob. "We ended up treating a woman from our home town!"

Doctor Werner has had a busy tenure with the Ski Patrol. "Six years ago I joined, not sure I would like it." Today, he's in his first two-year term as Patrol Director for his local chapter, which is almost a full-time job in itself. "It's become quite a pastime," he observes. ■

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BOARD OF MEDICINE ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Peter Drenchko, MD, 49090 Driftwood Drive, Shelby Township, MI 48317
Action, Date Taken: Reclassified w/Unlimited License, 10-10-94
Reason: None Available

Name: V. Sherman Gilreath, DO, 28 N. Saginaw, Ste 813, Pontiac, MI 48342
Action, Date Taken: Limited License, 10-06-94
Reason: Negligence

Name: Robert J. Griffin, MD, 19697 E. Eight Mile Rd, St. Clair Shores, MI 48080
Action, Date Taken: Limited License - 2 yrs, Probation - 2 yrs, 09-30-94
Reason: Drug Related

Name: Mukhtar Ahmad Malik, MD, 808 N. Euclid Ave., Bay City, MI 48706
Action, Date Taken: License Summarily Suspended, 9-21-94
Reason: Drug Related

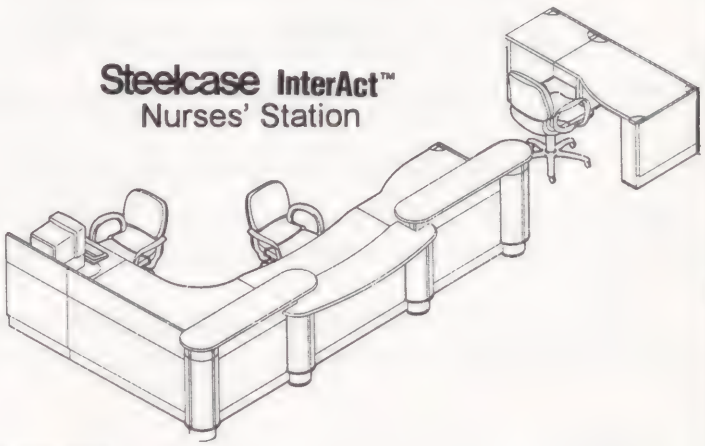
Name: Marivic Massand, MD, 971 Canterbury Rd., Grosse Pte Woods, MI 48236
Action, Date Taken: By Order of the Wayne County Circuit Court, the Final Order of the Board of Medicine dated 03-9-94 is Affirmed. 09-28-94
Reason: None Available

Name: Clarence McRipley, Jr., MD, 989 University Drive #101, Pontiac, MI 48342
Action, Date Taken: License Summarily Suspended, 10-18-94
Reason: Drug Related

Name: Frank Nali, MD, P.O. Box 36734, Grosse Pte. Farms, MI 48236
Action, Date Taken: License Revoked, Fine - $10,000, 11-18-94
Reason: Drug Related, Conviction/Insurance Fraud, Unethical Business Practice ■

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NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals. Members without MD or DO designation are students.

Faith Abbott, DO
9000 E. Jefferson #1911 N
Detroit, MI 48214

Bruce D. Abrams, MD
4400 Town Center # 275 ORS
Southfield, MI 48075

Mandeep Ahiya, MD
630 Merrick #605 R
Detroit, MI 48201

Jennifer K. Appleyard, MD
East Area Allergists, PC
17770 Mack Ave IM/AI
Grosse Pointe, MI 48230

Delia D. Arcilla, MD
28797 Wilton Dr PD
Farmington Hills, MI 48331

Anthony A. Bennett, MD
1415 Parker #951 R
Detroit, MI 48214

David A. Brownstein, MD
32910 W. 13 Mile Rd #C301 FP
Farmington Hills, MI 48334

Prasad Chappidi, MD
651 Century Lane N
Troy, MI 48083

John J. Crowley, MD
Children's Hosp. Of MI
3901 Beaubien DR
Detroit, MI 48201

Louan M. Cuzzot, MD
27200 Franklin Rd #523 R
Southfield, MI 48034
Kurt Daggwiler, MD
WSU/DMC, Dept of Radiology
4201 St. Antoine DRH 31-8 R
Detroit, MI 48201

Tosan A. Fregene, MD
24699 Tioga Dr IM/ON
Southfield, MI 48034

Norman L. Gove, MD
990 W. Ann Arbor Trl #302 OBG
Plymouth, MI 48170

Lawrence J. Hamburger, MD
1325 Puritan OPH
Birmingham, MI 48009

Flora M. Hammond, MD
535 Neff Rd PM
Grosse Pointe, MI 48230

Gregory W. Housner, MD
23550 Park ORS
Dearborn, MI 48124

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Detroit, MI 48228

Priscilla R. Lindley, MD
6767 Outer Dr. PTH
Detroit, MI 48105

Toms P. Mathew, MD
18152 Snow IM
Dearborn, MI 48124

Phillip McAllister, MD
2799 W. Grand Blvd N
Detroit, MI 48202

Peter E. Metropoulos, DO
33 Oldbrook IM
Grosse Pte Farms, MI 48236

Prasad N. Policherla, MD
2234 Coolidge #105 N
Troy, MI 48084

Muhammad Y. Siddiq, MD
3737 Beaubien #809 N
Detroit, MI 48202

William A. Stefani, MD
20361 Mack Ave. PS/GS
Grosse Pte Woods, MI 48236

Ross A. Summers, MD
9814 Carter FP
Allen Park, MI 48101

Blase Vitello, MD
14555 Levan #310 R
Livonia, MI 48154

David T. Walsworth, MD
913 Drexel FP
Dearborn Heights, MI 48127

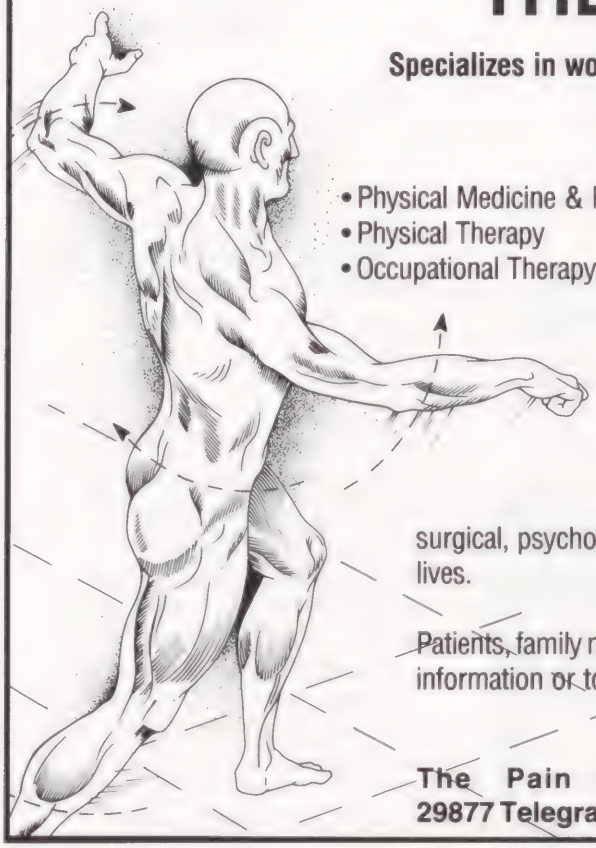
Tara A. Washington, MD
4201 St. Antoine RO
Detroit, MI 48201

Timothy Whiteus, MD
4825 E. McNichols IM/PD
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OBITUARIES

George Evans, MD
Southfield

George Evans, MD, a radiologist, died September 10, 1994. He was 65. A 1957 graduate of the US Naval Medical School, Doctor Evans was affiliated with Detroit Receiving Hospital. He was a member of the Wayne County Medical Society and MSMS.

Edwin L. Harmon, MD
Grosse Pointe

Edwin L. Harmon, MD, a retired hospital administration physician, died September 15, 1994. He was 93. A 1927 graduate of Western Reserve University, Doctor Harmon was Medical Director of the Michigan Hospital Service. He was a member of the Wayne County Medical Society and MSMS.

B. G. Kamlapurker, MD
Pigeon

B. G. Kamlapurker, MD, a general surgeon, died July 5, 1994. He was 53. A 1964 graduate of Obmania Medical College in India, Doctor Kamlapurker was affiliated with Huron Memorial Hospital and Huron Valley Hospital. He was a member of the Huron County Medical Society and MSMS.

Mildred V. Nicholas, MD
Chelsea

Mildred V. Nicholas, MD, a general practice physician in public health, has died at of age of 91. A 1929 graduate of the University of Michigan Medical School, she was a member of the Ingham County Medical Society and MSMS.

Florence J. C. Perry, MD
Rochester Hills

Florence J. C. Perry, MD, a retired general practice physician, died at the age of 89. A 1930 graduate of the Wayne State University School of Medicine, she was a member of the Oakland County Medical Society and MSMS.

Irving Posner, MD
Southfield

Irving Posner, MD, a retired pediatrician, died September 11, 1994. He was 84. A 1934 graduate of the Wayne State University School of Medicine, Doctor Posner was affiliated with Harper and Sinai Hospitals. He was a member of the Wayne County Medical Society and MSMS. ■



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CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

JANUARY

21, Medstart Conference 1995: Opening Our Eyes Through the Voice of Children. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** Medstart. **Contact:** Julie Carroll, Vivek Rajagopal, or David Rosen, MD, Medstart, Office of Student Affairs, Med. Sci. - C Wing, University of Michigan Medical School, 1335 Catherine Street, Ann Arbor, Michigan, 48109-0611. **Approved for:** 6.0 Hours of Category I Credit.

25, Vasectomy (No-scalpel technique). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

26-27, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

28, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

29- February 3, The 19th Annual Midwinter Family Practice Update. Location: Boyne Highlands Inn, Harbor Springs, Michigan. **Sponsor:** University of Michigan Medical School, Department of Family Practice, The Michigan Academy of Family Physicians. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 20.0

Continued on next page

INTERNATIONAL COLLEGE OF SURGEONS-MICHIGAN DIVISION

ANNUAL SCIENTIFIC SESSION

FEBRUARY 8, 1995

8:00 a.m. - 5:00 p.m.

SINAI HOSPITAL, Zuckerman Auditorium, 6767 West Outer Drive, Detroit, MI

PROGRAM DIRECTORS

Eduardo Phillips, M.D., F.A.C.S., F.I.C.S., Secretary/Treasurer, International College of Surgeons, Michigan Division, Chairman, Department of Surgery, Sinai Hospital, Detroit, MI, Clinical Assistant Professor of Surgery, Wayne State University, Detroit, MI

Krishna Sawhney, M.D., F.A.C.S.,F.I.C.S., F.R.C.S., President, International College of Surgeons, Michigan Division, Chief of Surgery, Downriver Region, Henry Ford Health Systems and Heritage Hospital, Taylor, MI, Clinical Associate Professor of Surgery, Wayne State University, School of Medicine, Detroit, MI

GUEST SPEAKERS

David W. Rattner, M.D., F.A.C.S., Associate Visiting Surgeon, Massachusetts General Hospital, Associate Professor of Surgery, Harvard University, Boston, MA, **LECTURE:** Pancreatic Cancer - 1995: Are We Doing Any Better?

Ruth A. Decker, M.D., Instructor, Department of Surgery, Division of Endocrine Surgery, The University of Michigan Medical Center, Ann Arbor, MI, **LECTURE:** Progress in Genetic Testing of MEN2: Is Calcitonin Testing Obsolete?

Anthony Dardano, D.O., Surgical Resident, PGY-IV, Sinai Hospital, Detroit, MI, **LECTURE:** Glutathione Depletion Increases Permeability Across Vascular Endothelial Cells After Oxidant Stress

Jeffrey L. Ponsky, M.D., F.A.C.S., Director, Department of Surgery, The Mt. Sinai Medical Center, Professor of Surgery, Case Western Reserve University, School of Medicine, Cleveland, OH, **LECTURE:** Prevention and Management of the Complications of Laparoscopic Cholecystectomy

Frank Lewis, M.D., F.A.C.S., Chief, Dept. of Surgery, Henry Ford Hospital, Detroit, MI, Professor of Surgery, Case Western Reserve University, Cleveland, OH, **LECTURE:** New Diagnostic Modalities and Their Impact in Trauma

Robert A. Schmidt, M.D., Director of Mammography and Associate Professor of Radiology, University of Chicago Hospitals, Chicago, IL, **LECTURE:** Mammographic Screening for Breast Cancer: State of the Art and Alternative Biopsy Techniques

Edwin G. Wilkins, M.D., Assistant Professor of Surgery, Section of Plastic and Reconstructive Surgery, The University of Michigan, Ann Arbor, MI, **LECTURE:** Post Mastectomy Breast Reconstruction Outcomes Research

Georg F. Springer, M.D., D.Sc.hc., Professor & Head, Heather M. Bligh Cancer Research Laboratories, Finch University of Health Sciences, The Chicago Medical School, North Chicago, IL, **LECTURE:** T/Tn Antigen: Over 20 Years Experience of Early Immuno-Detection & -Therapy of Human Carcinoma

Nathan Kaufman, M.D., Chairman, Department of Radiation Oncology, Sinai Hospital, Detroit, MI, **LECTURE:** Brachytherapy for Breast and G.I. Cancers

OBJECTIVE: This program is designed to update knowledge of current issues in surgery. It is open to physicians, residents and other interested health care professionals.

CREDIT HOURS: The International College of Surgeons - United States Section is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The International College of Surgeons - United States Section designates this continuing medical education activity for 6 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

REGISTRATION FEE: $100 for physicians; $50 for other health care professionals. There is no charge for residents or fellows of ICS to attend.

TO REGISTER OR FOR MORE INFORMATION, PLEASE CALL SHERI WALDMAN, SINAI HOSPITAL (313) 493-5279.

CATEGORY I COURSES

Continued from previous page

hours Category I Credit, 20.0 hours Credit,AAFP, 20.0 hours in Category 2A, AOA.

MARCH

1, Flexible Sigmoidoscopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

1-2, Colonoscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

3-4, EGD (Gastroscopy). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

5-9, Radiology in the Desert: Practical Aspects of Radiology and Imaging. Location: Marriott's Camelback Inn, Resort, Golf Club and Spa, Scottsdale, Arizona. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 22.5 hours of Category I Credit.

15-17, A Symposium in Diabetes Care. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Michigan Diabetes Research and Training Center, Michigan Affiliate of the American Diabetes Association. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

23-24, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

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CATEGORY I COURSES

APRIL

19-20, Office/ER Ultrasound. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 11.75 hours of Category I Credit.

21-22, Stress EKG. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

MAY

19-20, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24-26, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

JUNE

15-16, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

22-23, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24, LEEP/LETZ/LOOP. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

JULY

14-15, Sclerotherapy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 11.25 hours of Category I Credit.

AUGUST

9, Flexible Sigmoidoscopy. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

9-10, Colonoscopy/Common Anorectal Disorders/Hemorrhoid Treatment. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

11-12, EGD (Gastroscopy). Location: Ashman Court Hotel,

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CATEGORY I COURSES

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Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

24-25, Coloscopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

26, Vasectomy (No-scalpel technique). Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

SEPTEMBER

14-16, Cancer Prevention and Screening. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.0 hours of Category I Credit.

OCTOBER

6-7, OB Ultrasound. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

26-28, Selected Hot Topics in Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

NOVEMBER

3-4, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

16-17, Dermatologic Procedures. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

18, Advanced Suturing. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 4.0 hours of Category I Credit.

DECEMBER

1-2, EGD (Gastroscopy) Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

7-8, Colposcopy for the Primary Care Physician. Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit. ■

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MEETINGS

MSMS MEETINGS

December

1, Closed Claim Review Sessions for Office Staff. Petoskey. Contact: Debra Metro at (517) 336-5769.

2, Risk Management Mock Trial. Novi. Contact: Debra Metro at (517) 336-5769.

6,7, The Office Staff and Professional Liability. 6, Kalamazoo; 7, Muskegon. Contact: Debra Metro at (517) 336-5769.

8, 13, 14, 1995 Medicare Update. 8, Saginaw; 13, Novi; 14, Grand Rapids. Contact: Roberta Lott at (517) 336-5767.

1995

January

5-7, American Society of Law, Medicine & Ethics, "Legal, Medical and Ethical Issues in Women's Reproductive Health and Neonatology". The Ritz Carlton, Naples, Florida. Contact: ASLME, 765 Commonwealth Avenue, 16th Floor, Boston, MA 02215 or call (617) 262-4990 or Fax (617) 437-7596

March

16, MSMS Maternal and Perinatal Health Conference "Comtemporary Controversies in Perinatal Care". Kellogg Center, East Lansing, Michigan. Contact: Sarah Cressman, Chief, Clinical Education, (517) 336-5727.

April

21-23, Third International Neutron Therapy Workshop. Atheneum Hotel, Greektown, Detroit. Contact: Jacek Wierzbicki, PhD at (313) 745-2191.

AMA MEETINGS

December

4-7, AMA Interim Meeting. Hawaii. Contact: Judy Marr, Manager, MSMS Department of Communications & Professional Relations, at (517) 336-5744.

MICHIGAN SPECIALTY SOCIETY MEETINGS

December

2, Michigan Society of Respiratory Care House Meeting, East Lansing. Contact Caroline Kimmel at (517) 336-7585. ■

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ADVERTISING INDEX

Allied Office Interiors 35
Basha Diagnostics, PC 45
Binson's Hosp. Equipment 45
Birmingham Imports 32
Civitec 6
CompHealth 43
Curare 44
DMC Rehab Institute of MI 31
DMC Health Centers 45
Executive Medical Recruiters 47
Harper Associates 46
Inter'l College of Surgeons 39
Keyboard World 41
Meadowbrook ..... IBC
Medical Billing Service 2
Mercer, Inc. 36
MOMS 15
MPMLC ..... BC
MSMS Group Insurance Trust 4
Pain Institute 37
Palisades Pharm 16
PC Medical 44
Physician Service Group 1
Physicians Leasing 40
PICOM ..... IFC
Pincus 11
Premier 38
Professional Practice Sales 46
Rehab Institute 8
St. Francis Inc. 42
Stratton Cheeseman & Walsh 28
Target Stores 17
Three Rivers 45
Wausau 47

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PRESIDENT'S PAGE

Michigan Patient Protection Act
a "common sense" proposal

By Jack L. Barry, MD

"Nothing astonishes people so much as common sense and plain dealing."
— Ralph Waldo Emerson



The proposed Michigan Patient Protection Act (MPPA) that MSMS will soon ask the Legislature to consider might better be called the Common Sense Act, because that's what it is.

The MPPA would enact specific safeguards for patients and their physicians participating in health insurance plans. None of them is extreme, none of them is outrageous, none of them provides special privileges.

They are simply common sense actions that will provide the best possible care for our patients as our health care delivery system continues to undergo major changes.

Our Patient Protection Act calls for:

- complete information to patients about what's covered in the health plan, what's not, and what are the patient's costs. Common sense.
- allowing patients a choice among point of service coverage, HMO, PPO, traditional or benefit payment schedule plan. Common sense.
- maintaining patient confidentiality. Common sense.
- coverage for emergency services. Common sense.
- the open opportunity for physicians to apply to the health plan for participation. Common sense.
- participation is to be based on quality and professional competency, and not unrelated economic criteria; and is to include an appeals mechanism. Common sense.
- health plans that put physicians at financial risk must comply with certain standards. Common sense.
- reimbursement procedures will be subject to regulation. Common sense.
- and, utilization review program standards will stipulate that determinations based on medical necessity or appropriateness must be made by a health care provider of the same medical branch and specialty as the health care provider who provided or sought to provide the service. Common sense.

We must be patient advocates

It's regrettable that we've come to the point in health care delivery, in our business dealings generally, and, really, in all aspects of life in these United States, that we have to enact legislation to protect what in the past might have simply been considered common sense. But times are changing.

And during this time of change, we must not abandon our traditional role as patient advocates. Many of us have experienced patient dissatisfaction, even outright anger, with their health plan — or with us — for many of the failings addressed above. We believe the Michigan Patient Protection Act will help alleviate much patient dissatisfaction and allow physicians to provide the health care our patients need in a fair and open manner.

You will be hearing more about the MPPA in MSMS publications in the coming months.

In the meantime, I would like to hear your initial comments about the Michigan Patient Protection Act. Send me a fax at 517-337-2490 and let me know what you think. ■

Doctor Barry is MSMS president.

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